



DESCRIPTION OF NATURE OF CONSORTIUM RELATIONSHIP

An education consortium is an association of two or more school districts, school buildings, community schools or STEM schools pooling resources to share human and material assets and link academic and administrative resources with the objective of participating in the development and execution of a Straight A Fund grant application.

In order to ensure the effective implementation of the Straight A Fund throughout the state, each education consortium must identify each member of the education consortium and attach a description of each respective member's role and responsibilities.

Each member of the education consortium is responsible for the following assurances:

- 1. Be knowledgeable about the consortium's Straight A Fund grant proposal and application, including advocacy of the Straight A Fund program.
2. Sign and accept the Straight A Program Grant Assurances.
3. Maintain familiarity with the consortium's members and services to enhance the proposal, including specific goals and practices.
4. Demonstrate a commitment to clear roles and responsibilities of each consortium member as it relates to the grant proposal and application.
5. Sustain consistent communication among consortium members and stakeholders with a shared vision of the goals of the grant proposal.
6. Ensure consortium members have appropriate access to data for purposes of grant program improvement and evaluation in accordance with state and federal law.
7. Develop a clear project management plan to sustain the grant project over time.

Education Consortium Signatures

Lead Applicant/Consortium Member

Name: Melissa Kircher
Title: Superintendent, Bethel-Tate Local Schools
IRN: 046318
Phone: 513-734-2271
Email: Kircher\_M@betheltate.org
Address: 475 W. Plank St.
City: Bethel
State: OH
Zip: 45704

Sign: [Signature]
Date: 10/17/13

Secondary Applicant/Consortium Member

Name: Matthew Earley
Title: Superintendent, Williamsburg Local Schools
IRN: 046367
Phone: 573-724-3077 x11
Email: earley-m@burgschools.org
Address: 549 W. Main St Ste A
City: Williamsburg
State: OH
Zip: 45776

Sign: [Signature]
Date: 10/24/13



# STRAIGHT **A** FUND

Consortium Member (if applicable)

Name: Patrick O'Donnell  
 Title: Superintendent  
 IRN: 048082  
 Phone: 937-686-8601  
 Email: odonnellpeils-K12.org  
 Address: 6210 SR 235N  
 City: Lewistown,  
 State: OH  
 Zip: 43332

Sign:   
 Date: 10/23/13

Consortium Member (if applicable)

Name: Steve Rose  
 Title: Superintendent  
 IRN: 049817  
 Phone: (937) 526-3156  
 Email: srose@russia-school.org  
 Address: 100 School Street  
 City: Russia  
 State: OH  
 Zip: 45363

Sign:   
 Date: 10/23/13

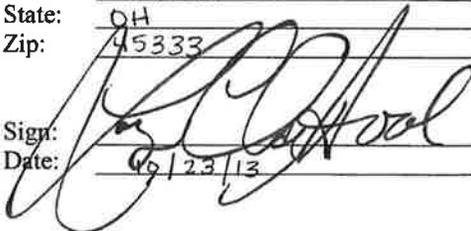
Consortium Member (if applicable)

Name: Connie Schneider  
 Title: Superintendent  
 IRN: 049767  
 Phone: 937-693-4241  
 Email: schneiderc@batkins.k12.oh.us  
 Address: PO Box 550  
 City: Batkins  
 State: OH  
 Zip: 45306

Sign:   
 Date: 10-23-13

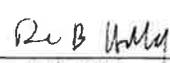
Consortium Member (if applicable)

Name: Larry Claypool  
 Title: Superintendent  
 IRN: 049791  
 Phone: (937) 295-3010  
 Email: lclaypool@houston.k12.oh.us  
 Address: 5300 Houston Road  
 City: Houston  
 State: OH  
 Zip: 45333

Sign:   
 Date: 10/23/13

Consortium Member (if applicable)

Name: Dan Holland  
 Title: Superintendent  
 IRN: 049783  
 Phone: 937-295-3931  
 Email: dan.holland@loramie.k12.oh.us  
 Address: 575 Greenback Road  
 City: Fort Loramie  
 State: OH  
 Zip: 45845

Sign:   
 Date: 10/23/13

Consortium Member (if applicable)

Name: Scott Mann  
 Title: Superintendent  
 IRN: 048090  
 Phone: 937 585-5981  
 Email: smann@riverside.k12.oh.us  
 Address: 2096 Co. Rd. 24 S.  
 City: De Graff  
 State: OHIO  
 Zip: ~~453~~ 43318

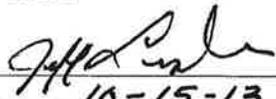
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 Date: 10-23-13



# STRAIGHT FUND

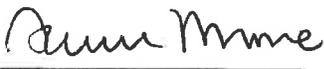
Consortium Member (if applicable)

Name: Jeff Langdon  
 Title: Superintendent  
 IRN: 043851  
 Phone: 513-891-0222  
 Email: langdon.j@dpccsd.org  
 Address: 4131 Matson Avenue  
 City: Cincinnati  
 State: OH  
 Zip: 45236

Sign:   
 Date: 10-15-13

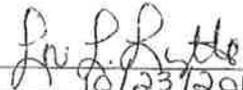
Consortium Member (if applicable)

Name: Glenn Moore  
 Title: Superintendent, Felicity - Franklin Local Schools  
 IRN: 146334  
 Phone: 513-876-2113  
 Email: mooreg@felicityschools.org  
 Address: 415 Washington St.  
 City: Felicity  
 State: Ohio  
 Zip: 45120

Sign:   
 Date: 10/17/2013

Consortium Member (if applicable)

Name: LORI LYTLE  
 Title: SUPERINTENDENT  
 IRN: 1048074  
 Phone: 937-593-9211  
 Email: lytlel@benjaminlgan.org  
 Address: 4740 CR 26  
 City: Dallefontaine  
 State: Ohio  
 Zip: 43011

Sign:   
 Date: 10/23/2013

Consortium Member (if applicable)

Name: RALPH SHELL  
 Title: SUPERINTENDENT  
 IRN: 046326  
 Phone: 513-625-1211 ext 312  
 Email: shell-r@cnr.schools.org  
 Address: 2742 US 50  
 City: BATAVIA  
 State: OHIO  
 Zip: 45103

Sign:   
 Date: 10-24-2013

Consortium Member (if applicable)

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 IRN: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_

Consortium Member (if applicable)

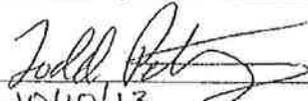
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 Title: \_\_\_\_\_  
 IRN: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
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 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_



Consortium Member (if applicable)

Name: Todd Petrey  
Title: Superintendent  
IRN: 0515427  
Phone: 937-748-3960  
Email: tpetrey@springboro.org  
Address: 1685 S. Main St.  
City: Springboro,  
State: Ohio  
Zip: 45066

Sign:   
Date: 10/10/13

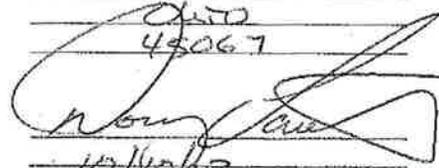
Consortium Member (if applicable)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
IRN: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

Consortium Member (if applicable)

Name: DOUG Lantz  
Title: Superintendent  
IRN: 046094  
Phone: (513) 594-1467  
Email: Doug.lantz@pederwoodschools.net  
Address: Buseybarb  
City: Trenton  
State: Ohio  
Zip: 45067

Sign:   
Date: 10/10/13

Consortium Member (if applicable)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
IRN: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

Consortium Member (if applicable)

Name: Gail Kist-Kline  
Title: Superintendent  
IRN: 050450  
Phone: 513-229-4118  
Email: KistKline@Mason.K12.OH.US  
Address: 211 North East Street  
City: Mason  
State: Ohio  
Zip: 45040

Sign:   
Date: 10/11/13

Consortium Member (if applicable)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
IRN: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

