



DESCRIPTION OF NATURE OF PARTNERSHIP

A partnership is an association between a grant applicant and educational stakeholder(s) in which the stakeholder agrees to provide human and material assets or access to academic and administrative resources to the grant applicant to develop or execute a Straight A Fund grant application. However, in a partnership, only the grant applicant is responsible for ensuring the grant is developed and executed according to the terms of the grant agreement with the Straight A Program Governing Board. Grant applicant partners are responsible only to the extent provided in their Partnership Agreement with the grant applicant.

In order to ensure the effective implementation of the Straight A Fund throughout the state, applicants are encouraged to partner with education stakeholders. Each applicant must identify its partners and attach a description of each respective partner's roles and responsibilities.

Each member of the partnership is responsible for the following assurances:

- 1. Be knowledgeable about the applicant's Straight A Fund grant proposal and application, including advocacy of the Straight A Fund program.
2. Maintain familiarity with the partner's services to enhance the proposal, including specific goals and practices.
3. Demonstrate a commitment to clear roles and responsibilities of each partner as it relates to the grant proposal and application.
4. Sustain consistent communication among partners and stakeholders with a shared vision of the goals of the grant proposal. This includes participating in regularly scheduled meetings for project management and identifying areas for improvement.
5. Ensure partners have appropriate access to data for purposes of grant program improvement and evaluation in accordance with state and federal law.
6. Develop a clear project management plan to sustain the project over time.

Partnership Signatures

Applicant

Name: Willard C. Adkins - CCCTC
Title: Superintendent
IRN: 050906
Phone: 330-424-9561
Email: willard.adkins@ccctc.k12.oh.us
Address: 9364 St. Rt. 45
City: Lisbon
State: Ohio
Zip: 44432
Sign: Willard C. Adkins
Date: 10/23/13

Primary Partner

Name: Anna Marie Vaughn CCESC
Title: Superintendent
Tax ID/IRN: [redacted] / 046417
Phone: 330-424-9391
Email: av Vaughn@ccesc.k12.oh.us
Address: 32750 Saltwell Rd.
City: Lisbon
State: Ohio
Zip: 44432
Sign: Anna Marie Vaughn
Date: 10/23/13





Secondary Applicant (if applicable)

Name: _____
Title: _____
IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: STEPHEN NAMETH
Title: DEAN
Tax ID/IRN: _____
Phone: 330-339-4205
Email: SNAMETH1@KENT.EDU
Address: 2491 ST. RT 45 SOUTH
City: SALEM
State: OHIO
Zip: 44460

Sign: 
Date: 10-18-13



Secondary Applicant (if applicable)

Name: _____
Title: _____
IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: Applied Systems & Technology
Transfer, LLC
Title: Exec. Vice President
Tax ID/IRN: [REDACTED]
Phone: 330-727-6292
Email: jmsmith@vistacast.com
Address: 241 W. Federal St #508
City: Youngstown
State: OH
Zip: 44503

Sign: 
Date: Oct 18 2013
Julie M. Smith



STRAIGHT **A** FUND

Secondary Applicant (if applicable)

Name: _____
 Title: _____
 IRN: _____
 Phone: _____
 Email: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Sign: _____
 Date: _____

***** Secondary Partner (if applicable)

Name: Debbie Pietrzak
 Title: VP of Marketing
 Tax ID/IRN: _____
 Phone: 330-332-1152
 Email: pietrzak@saalemhosp.com
 Address: 11995 East State St
 City: Salem
 State: OH
 Zip: 44460

Sign: Deborah Pietrzak
 Date: 10/23/13





Secondary Applicant (if applicable)

Name: _____
Title: _____
IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Applicant (if applicable)

Name: _____
Title: _____
IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Applicant (if applicable)

Name: _____
Title: _____
IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: Scott C. Martin
Title: Interim Associate Dean for Research
Tax ID/IRN: [REDACTED]
Phone: (330)941-2377
Email: scmartin@ysu.edu
Address: One University Plaza
City: Youngstown
State: OH
Zip: 44555

Sign: *Scott C. Martin*
Date: 10/23/2013

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
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Zip: _____

Sign: _____
Date: _____





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Partnership Signatures

Applicant

Name:
Title:
IRN:
Phone:
Email:
Address:
City:
State:
Zip:
Sign:
Date:

Secondary
Primary Partner

Name: Jessica A. Borza
Title: Executive Director
Tax ID/IRN:
Phone: 330.853.7906
Email: jborza@lmvmanufacturing.com
Address: 13520 Black Road
City: Lisbon
State: OH
Zip: 44432
Sign: [Signature]
Date: 10/22/13

