

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

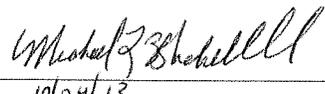
Applicant

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

Sign: _____
 Date: _____

Primary Partner

Name: Michael Blackwell
 Title: Manager
 Tax ID/IRN: _____
 Phone: 614-479-3175
 Email: mblackwell@columbuslibrary.org
 Address: 75 N. High Street
 City: Dublin
 State: OH
 Zip: 43017

Sign: 
 Date: 10/24/13



Secondary Partner

Name: Columbus Marriott NW
Title: Chrystal Lasko - HRM
IRN: _____
Phone: 614-791-1000
Email: Chrystal.lasko@marriott.com
Address: 5105 Blazer Pkwy
City: Dublin
State: OH
Zip: 43017

Sign: Chrystal Lasko
Date: 10/23/2013

Secondary Partner (if applicable)

Name: JR Penney Tuttle Crossing Tim Walker
Title: Talent and Resource leader
Tax ID/IRN: _____
Phone: 614-717-0399 x201
Email: thwalker@jcp.com
Address: 5083 Tuttle Crossing Blvd.
City: Dublin
State: OH
Zip: 43016

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

Secondary Applicant (if applicable)

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

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: The Mallet Tuttle Crossing - Eric Hendersland
Title: Director of Security
Tax ID/IRN: _____
Phone: 614-717-9630
Email: vss646dir@evolosecurity.com
Address: 5043 Tuttle Crossing Blvd.
City: Dublin
State: Ohio
Zip: 43016

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

Secondary Applicant (if applicable)

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

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: Matt Mundy The Buckeye Room
Title: Manager
Tax ID/IRN: _____
Phone: 614-336-8240
Email: _____
Address: 5043 Tuttle Crossing Blvd
City: Dublin
State: Ohio
Zip: 43017

Sign: Matt Mundy
Date: 10/24/13



Secondary Applicant (if applicable)

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

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: Brian Hunt
Title: Director Food Services
Tax ID/IRN: [REDACTED]
Phone: 614-760-4318
Email: Brian.Hunt@Compass-usa.com
Address: 4457 Knicker
City: Hilliard OH
State: OH
Zip: 43024

Sign: B. H.
Date: 10/24/13

Primary Partner

Name: Jodi Shealy
Title: Adaptive Rec. Coordinator
Tax ID/IRN: [REDACTED]
Phone: 614.410.4574
Email: Jshealy@dublin.oh.us
Address: 5600 Post Rd.
City: Dublin
State: Ohio
Zip: 43017

Sign: Jodi Shealy
Date: 10/24/13

