

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

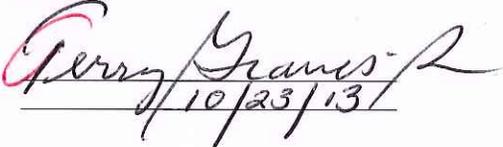
Applicant

Name: Brad Silvus
 Title: Director of Curriculum and Instruction
 IRN: 043968
 Phone: 937-878-3961
 Email: bsilvus@fairborn.k12.oh.us
 Address: 306 E. Whittier Ave
 City: Fairborn
 State: OH
 Zip: 45324

Sign: 
 Date: 10/25/13

Primary Partner

Name: Terry Strieter
 Title: Assistant Superintendent
 Tax ID/IRN: 047233
 Phone: 937-767-1303
 Email: tstrieter@greeneesc.org
 Address: 360 E. Enon Rd
 City: Yellow Springs
 State: OH
 Zip: 45387

Sign: 
 Date: 10/23/13



STRAIGHT **A** FUND

Secondary Applicant (if applicable)

Name: Mario Basora
Title: Superintendent
IRN: 045674
Phone: 937-767-7381
Email: mbasaro@yssschoools.org
Address: 201 S. Walnut St.
City: Yellow Springs
State: OH
Zip: 45387

Sign: 
Date: _____

Secondary Partner (if applicable)

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

Sign: _____
Date: _____

Secondary Applicant (if applicable)

Name: Betsy Chadd
Title: Director of Curriculum
IRN: 047274
Phone: 937-848-3737
Email: betsy.chadd@bss.k12.oh.us
Address: 3737 Upper Bellbrook Rd
City: Bellbrook
State: OH
Zip: 45305

Sign: 
Date: _____

Secondary Partner (if applicable)

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

Sign: _____
Date: _____

Secondary Applicant (if applicable)

Name: Isaac SeEVERS
Title: Superintendent
IRN: 047268
Phone: 937-675-2728
Email: isaac.seEVERS@gvlsd.org
Address: 4710 Cottonville Rd
City: Jamestown
State: OH
Zip: 45335

Sign:  10/22/19
Date: _____

Secondary Partner (if applicable)

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

Sign: _____
Date: _____



STRAIGHT **A** FUND

Secondary Applicant (if applicable)

Name: Chad Mason
Title: Superintendent
IRN: 047258
Phone: 937-766-6000
Email: cmason@ccliff.org
Address: 248 North Main St
City: Cedarville
State: OH
Zip: 45314

Sign: 
Date: _____

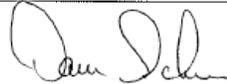
Secondary Partner (if applicable)

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

Sign: _____
Date: _____

Secondary Applicant (if applicable)

Name: Dan Schroer
Title: Superintendent
IRN: 051045
Phone: 937-372-6941
Email: dschroer@greenecc.com
Address: 2960 West Enon Rd
City: Xenia
State: OH
Zip: 45385

Sign: 
Date: _____

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/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: _____
Title: _____
Tax ID/IRN: _____
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State: _____
Zip: _____

Sign: _____
Date: _____

