STRAIGHT A FUND

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: T.C. Chappelear
Title: Assistant Superintendent
IRN: 047803
Phone: 740-264-3502
Email: tcchappelear@omeresa.net
Address: 587 Bantam Ridge Road
City: Wintersville
State: Ohio
Zip: 43953

Sign: T.C. Chappelear
Date: 10-24-13

Primary Partner

Name: Dr. Charles Joyce, Franciscan Univ. of Steubenville
Title: Director of Graduate Education
Tax ID/IRN: [redacted]
Phone: 740-284-5327
Email: cjoyce@franciscan.edu
Address: 1235 University Boulevards
City: Steubenville
State: Ohio
Zip: 43952

Sign: Charles Joyce
Date: 10-24-13

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Secondary Applicant (if applicable)

Name: Bill Beattie
Title: Superintendnet
IRN: 047795
Phone: 740-282-0065
Email: bill.beattie@omeresa.net
Address: 14890 St. Highway 213
City: Hammondsville
State: Oh
Zip: 43930

Sign: Bill Beattie
Date: 10-24-13

Secondary Partner (if applicable)

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

Sign:
Date:

Secondary Applicant (if applicable)

Name: Mark Miller
Title: Superintendent
IRN: 047787
Phone: 740-769-7395
Email: mark.miller@omeresa.net
Address: 6899 St. Rt. 150
City: Dillonvale
State: Oh
Zip: 43917

Sign: Mark Miller
Date: 10-14-13

Secondary Partner (if applicable)

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

Sign:
Date:

Secondary Applicant (if applicable)

Name: Dana Snider
Title: Superintendent
IRN: 045245
Phone: 740-942-7800
Email: dsnider@hhcsd.org
Address: Peppard Avenue
City: Cadiz
State: Oh
Zip: 43907

Sign: Dana Snider
Date: 10-24-13

Secondary Partner (if applicable)

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

Sign:
Date:

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Secondary Applicant (if applicable)

Name: Mike McVey
Title: Superintendent
IRN: 044826
Phone: 740-283-3767
Email: mmcvey@scc.or
Address: 1400 West Adams Street
City: Steubenville
State: Oh
Zip: 43952

Sign: Mike McVey
Date: 10-14-13

Secondary Partner (if applicable)

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

Sign:
Date:

Secondary Applicant (if applicable)

Name: Fred Burns
Title: Superintendent
IRN: 044917
Phone: 740-537-2456
Email: fred.burns@omeresa.net
Address: 137 Dennis Way
City: Toronto
State: Oh
Zip: 43964

Sign: Fred Burns
Date: 10-24-13

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:
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