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: Paige Baublitz-Watkins
Title: Director
IRN: 000918
Phone: 440-925-6365
Email: paige.bw@menlopartacademy.com
Address: 14440 Titlelott Road
City: Cleveland
State: OHIO
Zip: 44111

Sign: Paige Baublitz
Date: 10/23/13

Primary Partner

Name: Dr. Rimm Dr. Sylvia Rimm
Title: Director, Family Achievement Clinic Clinical Professor of Pediatrics and Psychiatry
Tax ID/IRN: Family Achievement Clinic
Phone: 440-949-5800 - 39-121-0272
Email: srimm@sylviarimm.com or sylviarimm@yahoo.com
Address: Case Western Reserve University School of Medicine
City: Cleveland
State: OH
Zip:

Sign: Sylvia Rimm, Ph.D.
Date: 10/24/13

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Secondary Applicant (if applicable)

Name: Caroline Zito
Title: Business Manager
IRN: 000318
Phone: [illegible]
Email: caroline.zito@mentoparkacademy.com
Address: 14440 Triskett Road
City: Cleveland
State: [illegible]
Zip: 44111

Sign: Caroline Zito
Date: 10/24/13

Secondary Partner (if applicable)

Name: Dr. Susan Rakow / Dr. Sajit Zachariah (see attached support letter)
Title: [illegible]
Tax ID/IRN: [redacted]
Phone: 216 687-2000
Email: s.rakow@csuohio.edu
Address: 2121 Euclid Avenue, JH 374
City: Cleveland
State: Ohio
Zip: 44115

Sign: Susan Rakow
Date: 10/24/13

Secondary Applicant (if applicable)

Name: Tari Harrison
Title: Board Chair
IRN: 000318
Phone: 440-925-0385
Email: tari.harrison@mentoparkacademy.com
Address: 14440 Triskett Road
City: Cleveland
State: OHIO
Zip: 44111

Sign:
Date:

Secondary Partner (if applicable)

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

Sign:
Date:

Secondary Applicant (if applicable)

Name:
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Sign:
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Secondary Applicant (if applicable)

Name: Caroline Zito
Title: Business Manager
IRN: 000318
Phone: 440-925-6365
Email: caroline.zito@menloparkacademy.com
Address: 14440 Triskett Road
City: Cleveland
State: OHIO
Zip: 44111

Sign: Caroline Zito
Date: 10/24/13

Secondary Partner (if applicable)

Name: Dr. Susan Rakow
Title: Clinical Associate Professor of Curriculum and Development, Cleveland State Univ
Tax ID/IRN:
Phone:
Email:
Address:
City:
State:
Zip:

Sign:
Date:

Secondary Applicant (if applicable)

Name: Teri Harrison
Title: Board Chair
IRN: 000318
Phone: 440-925-6365
Email: teri.harrison@menloparkacademy.com
Address: 14440 Triskett Road
City: Cleveland
State: OHIO
Zip: 44111

Sign:
Date:

Secondary Partner (if applicable)

Name: Dr. David Silverberg
Title: Adjunct Professor, Ashland University
Tax ID/IRN: [redacted]
Phone: 330-998-2973
Email: dave@teachtheworld.org
Address: 1193 Bridgeport Dr.
City: Medina
State: OH
Zip: 44256

Sign:
Date: 10/25/13

Secondary Applicant (if applicable)

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

Sign:
Date:

Secondary Partner (if applicable)

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

Sign:
Date: