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

Sign: _____
Date: _____

Primary Partner

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

Sign: _____
Date: _____

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Secondary Applicant (if applicable)		Secondary Partner (if applicable)	
Name:	Roy A. Church	Name:	
Title:	President	Title:	
IRN:	077780674	Tax ID/IRN:	
Phone:	440-366-4050	Phone:	
Email:	rchurch@lorainccc.edu	Email:	
Address:	1005 Abbe Road North CC 222	Address:	
City:	Elyria	City:	
State:	Ohio	State:	
Zip:	44035	Zip:	
Sign:	Roy A. Church	Sign:	
Date:	October 23, 2013	Date:	