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:	National Trail Local Schools
Title:	Jeff Parker, Superintendent
IRN:	049270
Phone:	937-437-3333
Email:	jparker@nationaltrail.us
Address:	6940 Oxford-Gettysburg Road
City:	New Paris
State:	OH
Zip:	45320
Sign:	Jeff D. Parker
Date:	10/23/13

Primary Partner

Name:	Miami Valley CTC
Title:	Nick Weldy, Superintendent
Tax ID/IRN:	051284
Phone:	937-854-6272
Email:	nweldy@mvctc.com
Address:	6800 Hoke Road
City:	Clayton
State:	OH
Zip:	45315
Sign:	
Date:	10/23/13

STRAIGHT A FUND

Secondary Applicant (if applicable)

Name: Tri County North Local Schools
Title: William Derringer, Superintendent
IRN: 091397
Phone: 937-962-2671
Email: william_derringer@tcn.k12.oh.us
Address: 436 N Commerce Street
City: Lewisburg
State: OH
Zip: 45338

Sign: William K. Derringer
Date: Oct 24, 2013

Secondary Partner (if applicable)

Name: Sinclair Community College--Preble County Learning Center
Title: R. Evan Kloth, Manager, Sinclair Community College
Tax ID/IRN: 063362
Phone: 937-512-5880
Email: richard.kloth@sinclair.edu
Address: 450 E Washington-Jackson Road
City: Eaton
State: OH
Zip: 45320

Sign:
Date:

Secondary Applicant (if applicable)

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

Sign:
Date:

Secondary Partner (if applicable)

Name: Henny Penny Corp
Title: Jeff Frymier, HR Director
Tax ID/IRN: [redacted]
Phone: 937-456-8596
Email: jfrymier@hennypenny.com
Address: 1219 US 35W
City: Eaton
State: OH
Zip: 45320

Sign:
Date:

Secondary Applicant (if applicable)

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

Sign:
Date:

Secondary Partner (if applicable)

Name: SouthWest Ohio Computer Assn. C.O.G
Title: Associate Director
Tax ID/IRN:
Phone: 513.867.1028
Email: adm@swoca.net
Address: 3607 Hamilton Middletown Rd.
City: Hamilton
State: OH
Zip: 45011

Sign: D. Davis Davis
Date: 10/24/13

STRAIGHT A FUND

Secondary Applicant (if applicable)

Name: Tri County North Local Schools
Title: William Derringer, Superintendent
IRN: 091397
Phone: 937-962-2671
Email: william_derringer@tcn.k12.oh.uc
Address: 436 N Commerce Street
City: Lewisburg
State: OH
Zip: 45338

Sign:
Date:

Secondary Partner (if applicable)

Name: Sinclair Community College--Preble County Learning Center
Title: R. Evan Kloth, Manager, Sinclair Community College
Tax ID/IRN: 063362
Phone: 937-512-5880
Email: richard.kloth@sinclair.edu
Address: 450 E Washington-Jackson Road
City: Eaton
State: OH
Zip: 45320

Sign: Rachel E. Kloth
Date: 10-24-13

Secondary Applicant (if applicable)

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

for Ken Howard's

Sign:
Date:

Secondary Partner (if applicable)

Name: Henny Penny Corp
Title: Jeff Frymier, HR Director
Tax ID/IRN: [redacted]
Phone: 937-456-8596
Email: jfrymier@hennypenny.com
Address: 1219 US 35W
City: Eaton
State: OH
Zip: 45320

Sign:
Date: 10-24-13

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:

STRAIGHT A FUND

Secondary Applicant (if applicable)

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

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: Bullen Ultrasonics, Inc
Title: Mary Bullen
Tax ID/IRN: _____
Phone: 937-456-7133
Email: mary.bullen@me.com
Address: 1301 Miller Williams Road
City: Eaton
State: OH
Zip: 45320

Sign: Mary Bullen
Date: 10/24/13

Secondary Applicant (if applicable)

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

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: Silfex Inc
Title: Jayne Knoop
Tax ID/IRN: [redacted]
Phone: 937-472-3311
Email: JKnoop@silfex.com
Address: 950 S Franklin St
City: Eaton
State: OH
Zip: 45320

Sign: Jayne Knoop
Date: 10/24/13

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: _____

STRAIGHT A FUND

Secondary Applicant (if applicable)

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

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: Miami University
Title: Contact: Kevin Bush, bushkr@miamoh.us
Tax ID/IRN: [redacted]
Phone: 513-529-3735
Email: schauerap@miamioh.edu
Address: 500 E. High Street, 102 Roudebush Hall
City: Oxford
State: OH
Zip: 45056

Sign: Anne Schauer
Date: October 23, 2014

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: _____
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State: _____
Zip: _____

Sign: _____
Date: _____

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Secondary Partner (if applicable)

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State: _____
Zip: _____

Sign: _____
Date: _____