

DESCRIPTION OF NATURE OF CONSORTIUM RELATIONSHIP

An education consortium is an association of two or more school districts, school buildings, community schools or STEM schools pooling resources to share human and material assets and link academic and administrative resources with the objective of participating in the development and execution of a Straight A Fund grant application. A grant application submitted by an education consortium uses the shared resources of its members to achieve the goals of the grant application through cooperative purchasing, course sharing, professional development, information technology integration and/or faculty and staff networking. Unlike a partnership, each member of an education consortium is responsible for ensuring the Straight A Fund grant application is developed and executed according to the terms of the grant agreement with the Straight A Program Governing Board. Like individual grant applicants, an education consortium can partner with educational stakeholder(s) via a Partnership Agreement to accomplish the goals of the grant application.

In order to ensure the effective implementation of the Straight A Fund throughout the state, each education consortium must identify each member of the education consortium and attach a description of each respective member's role and responsibilities. Additionally, a separate Description of Nature of Partnership must be submitted for any educational stakeholder(s) partnering with the education consortium.

Each member of the education consortium is responsible for the following assurances:

1. Be knowledgeable about the consortium's Straight A Fund grant proposal and application, including advocacy of the Straight A Fund program.
2. Sign and accept the Straight A Program Grant Assurances.
3. Maintain familiarity with the consortium's members and services to enhance the proposal, including specific goals and practices.
4. Demonstrate a commitment to clear roles and responsibilities of each consortium member as it relates to the grant proposal and application.
5. Sustain consistent communication among consortium members 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.
6. Ensure consortium members have appropriate access to data for purposes of grant program improvement and evaluation in accordance with state and federal law.
7. Develop a clear project management plan to sustain the grant project over time.

Education Consortium Signatures

Lead Applicant/Consortium Member

Name: BOB ALSEPT
 Title: SUPERINTENDENT
 IRN: 044487
 Phone: 330 364 0604
 Email: ALSEPTB@NPSCHOOLS.ORG
 Address: 248 FRONT ST SW
 City: NEW PHILADELPHIA, OH 44663
 State: OHIO
 Zip: 44663

Sign: *Bob Alsept*
 Date: 10/3/13

Secondary Applicant/Consortium Member

Name: Mark A. Murphy
 Title: Superintendent
 IRN: 050302
 Phone: 330.859.2213
 Email: mark.murphy@tv-trojans.org
 Address: 2637 Tuscarawas Valley Rd. NE
 City: Zoarville
 State: Ohio
 Zip: 44656

Sign: *Mark A. Murphy*
 Date: 10/14/13



Consortium Member (if applicable)

Name: Jeff Stays
 Title: Supt.
 IRN: 045542
 Phone: 740-498-8373
 Email: staysj@staff.matsheads.org
 Address: 702 S. River St.
 City: Newcomerstown
 State: Ohio
 Zip: 43832

Sign: 
 Date: 10/3/13

Consortium Member (if applicable)

Name: Ryan Delaney
 Title: Superintendent
 IRN: 043778
 Phone: 740-922-5478
 Email: Rdelaney@claymontschools.org
 Address: 201 N 13rd St
 City: Dannison
 State: Ohio
 Zip: 44621

Sign: 
 Date: 10-3-13

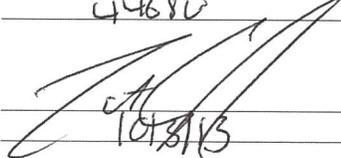
Consortium Member (if applicable)

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

Sign: _____
 Date: _____

Consortium Member (if applicable)

Name: CURTIS CLOUGH
 Title: SUPERINTENDENT
 IRN: 050294
 Phone: 330-878-5571
 Email: Curtis.Clough@cmersa.net
 Address: 140 N BRADDER AVE
 City: SPASBURG
 State: OH
 Zip: 44680

Sign: 
 Date: 10/3/13

Consortium Member (if applicable)

Name: Teresa Alberts
 Title: Supt
 IRN: 050278
 Phone: 330-852-2421
 Email: talberts@garaway.org
 Address: 146 Dover Rd NW
 City: Sugarcreek
 State: OH
 Zip: 44681

Sign: 
 Date: 10/3/13

Consortium Member (if applicable)

Name: Adam Pittis
 Title: Superintendent
 IRN: 047548
 Phone: 740-269-2000
 Email: adam.pittis@cvul.org
 Address: 21 Mound St.
 City: Shenodsville, OH
 State: OH
 Zip: 44675

Sign: 
 Date: 10/3/13



Consortium Member (if applicable)

Name: Ira Wentworth
 Title: Superintendent
 IRN: 050286
 Phone: 740-254-4334
 Email: ira.wentworth@schools.org
 Address: 100 N. Walnut, PO Box 171
 City: Canadaville
 State: Ohio
 Zip: 44629

Sign: Ira Wentworth
 Date: 10-14-13

Consortium Member (if applicable)

Name: Bob Hamm
 Title: Superintendent
 IRN: 043893
 Phone: 330.364.1906
 Email: hamm.b@dover.k12.oh.us
 Address: 219 W. 6th Street
 City: Dover, OH 44622
 State: OH
 Zip: 44622

Sign: Robert Hamm
 Date: 10/15/13

Consortium Member (if applicable)

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

Sign: _____
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