



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

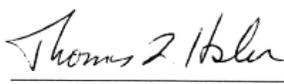
Lead Applicant/Consortium Member

Secondary Applicant/Consortium Member

Name: Mr. Adam Koch
 Title: Superintendent
 IRN: 050724
 Phone: 419-823-4381
 Email: akoch@otsegoknights.org
 Address: 18505 Tontogany Creek Road PO Box 290
 City: Tontogany
 State: OH
 Zip: 43565

Sign: 
 Date: 10-25-2013

Name: Mr. Thomas L. Hosler, Perrysburg Schools
 Title: Superintendent
 IRN: 045883
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 Email: thosler@perrysburgschools.net
 Address: 140 E Indiana Ave
 City: Perrysburg
 State: OH
 Zip: 43551

Sign: 
 Date: 10-24-2013



STRAIGHT **A** FUND

Consortium Member (if applicable)

Name: Mr. William B. Welker, Eastwood Local Schools
 Title: Superintendent
 IRN: 050674
 Phone: 419-833-6411
 Email: bwelker@eastwoodschoools.org
 Address: 4800 Sugar Ridge Road
 City: Pemberville
 State: OH
 Zip: 43450

Sign: William B. Welker
 Date: 10-24-2013

Consortium Member (if applicable)

Name: Dr. Jim Fritz, Anthony Wayne Local Schools
 Title: Superintendent
 IRN: 048207
 Phone: 419-877-5377
 Email: jfritz@anthonywayneschools.org
 Address: 9565 Bucher Road, PO Box 2487
 City: Whitehouse
 State: OH
 Zip: 43571

Sign: Jim Fritz
 Date: 10-24-2013

Consortium Member (if applicable)

Name: Dr. Gregory Smith, Maumee City School District
 Title: Superintendent
 IRN: 004362
 Phone: 419-893-3200
 Email: gsmith@maumeek12.org
 Address: 716 Askin Ave
 City: Maumee
 State: OH
 Zip: 43537

Sign: Gregory Smith
 Date: 10-23-2013

Consortium Member (if applicable)

Name: Mr. Daniel Creps, Rossford Exempted Village School District
 Title: Superintendent
 IRN: 045609
 Phone: 419-666-2010
 Email: dcreps@rossfordschools.org
 Address: 601 Superior Street
 City: Rossford
 State: OH
 Zip: 43460

Sign: Daniel Creps
 Date: 10-24-2013

Consortium Member (if applicable)

Name: Ms. Kathryn Hott, Springfield Local Schools
 Title: Superintendent
 IRN: 048223
 Phone: 419-867-5605
 Email: kathrynhott@sismail.net
 Address: 6900 Hall Street
 City: Holland
 State: OH
 Zip: 43528

Sign: Kathryn A. Hott
 Date: _____

Consortium Member (if applicable)

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

Sign: _____
 Date: _____

