

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.

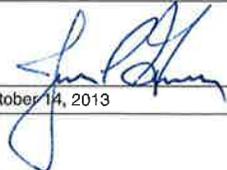
Each member of the education consortium is responsible for the following assurances:

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

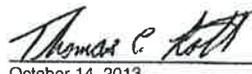
Lead Applicant/Consortium Member

Name: James P. Gunner
 Title: Superintendent
 IRN: 046813
 Phone: (419) 625-0484
 Email: jgunner@perkinsschools.org
 Address: 3714 Campbell St., Suite B
 City: Sandusky
 State: Ohio
 Zip: 44870

Sign: 
 Date: October 14, 2013

Secondary Applicant/Consortium Member

Name: Mr. Thomas Roth
 Title: Superintendent
 IRN: 046789
 Phone: (419) 499-3000
 Email: troth@edisonchargers.org
 Address: 140 S. Main Street
 City: Milan
 State: Ohio
 Zip: 44846

Sign: 
 Date: October 14, 2013



STRAIGHT **A** FUND

Consortium Member (if applicable)

Name: Ed Kurt
 Title: Superintendent
 IRN: 046805
 Phone: (419) 684-5322
 Email: ekurt@margareta.k12.oh.us
 Address: 305 S. Washington Street
 City: Castalia
 State: Ohio
 Zip: 44824

Sign: *Edward P Kurt*
 Date: October 14, 2013

Consortium Member (if applicable)

Name: Dr. Brad Colwell
 Title: Dean, College of Education & Human Development
 IRN: _____
 Phone: (419) 372-7403
 Email: bcolwell@bgsu.edu
 Address: 444 Education Building
 City: Bowling Green
 State: Ohio
 Zip: 43403-0001

Sign: *B. J. Colwell, Dean*
 Date: October 14, 2013

Consortium Member (if applicable)

Name: Dennis Muratori
 Title: Superintendent
 IRN: 044131
 Phone: (419) 433-1234
 Email: dmuratori@huronhs.com
 Address: 712 Cleveland Rd. E
 City: Huron
 State: Ohio
 Zip: 44039

Sign: *Dennis Muratori*
 Date: October 14, 2013

Consortium Member (if applicable)

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

Sign: _____
 Date: _____

Consortium Member (if applicable)

Name: Dr. William Balzer
 Title: Dean - BGSU - Firelands Campus
 IRN: _____
 Phone: (419) 433-5560
 Email: wbalzer@bgsu.edu
 Address: One University Drive
 City: Huron
 State: Ohio
 Zip: 44839

Sign: *See Letter of Support*
 Date: October 14, 2013

Consortium Member (if applicable)

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

Sign: _____
 Date: _____

