

## 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: Tricia Moore  
 Title: Director of Partnerships  
 IRN: \_\_\_\_\_  
 Phone: 614-501-1020  
 Email: trmoore@reyn.org  
 Address: 7244 E. main Street  
 City: Reynoldsburg  
 State: OH  
 Zip: 43068

Sign:   
 Date: 10/25/13

#### Secondary Applicant/Consortium Member

Name: M. Scott Reeves  
 Title: Exec Dir of Academic  
 IRN: 045047  
 Phone: 614-797-5934  
 Email: REEVES@WCSOH-OLY  
 Address: 936 EASTWIND DR.  
 City: WESLEYVILLE  
 State: OH  
 Zip: 43085

Sign:   
 Date: Oct 24, 2013



---

**Consortium Member: Reynoldsburg City Schools**

**Name: Stephen Dackin**

**Title: Superintendent**

**IRN: 047001**

**Phone: 614-501-1023**

**Email: sdackin@reyn.org**

**Address: 7244 E. Main Street**

**City: Reynoldsburg**

**State: Ohio**

**Zip: 43068**

**Sign:** \_\_\_\_\_



**Date: October 18, 2013**

Consortium Member (if applicable)

Name: Dr. Dan Good  
 Title: Superintendent/CEO  
 IRN: 043802  
 Phone: (614) 365-5888  
 Email: superintendent@columbus.k12.oh.us  
 Address: 270 East State Street  
 City: Columbus  
 State: Ohio  
 Zip: 43215

Sign:   
 Date: 10/24/13

Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_

Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_

Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_

Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_

Consortium Member (if applicable)

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

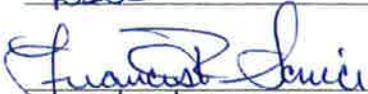
Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_



# STRAIGHT FUND

## Consortium Member (if applicable)

Name: FRANCIS R. SCRUCI  
Title: SUPERINTENDENT  
IRN: 046961  
Phone: 614-478-5533  
Email: scrucif@qips.org  
Address: 160 S. Hamilton Rd  
City: GAHANNA  
State: OH  
Zip: 43230

Sign:   
Date: 10/23/13

## Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

## Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

## Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

## Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

## Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_



Consortium Member (if applicable)

Name: Edward J. O'Reilly

Title: Superintendent

IRN: 044073

Phone: 614-485-4022

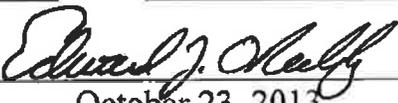
Email: ed.oreilly@ghcsd.org

Address: 1587 West Third Avenue

City: Columbus

State: Ohio

Zip: 43212

Sign: 

Date: October 23, 2013

Consortium Member (if applicable)

Name: Mike McDonough

Title: Director of Secondary Education

IRN: 047019

Phone: 614-921-7054

Email: mike\_mcdonough@hboe.org

Address: 2140 Atlas Street

City: Columbus

State: OH

Zip: 43228

Sign: 

Date: 10/24/13

Consortium Member (if applicable)

Name: Angel King

Title: Director of Curriculum and Instruction

IRN: 048009

Phone: 740-927-6926

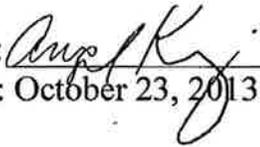
Email: aking@laca.org

Address: 6539 Summit Rd

City: Pataskala

State: Ohio

Zip: 43062

Sign:  \_\_\_\_\_

Date: October 23, 2013

Consortium Member: New Albany – Plain Local School District

Name: Dr. April Domine

Title: Superintendent

IRN: 046995

Phone: (614)855-2040

Email: [domine.1@napls.us](mailto:domine.1@napls.us); [troyer.1@napls.us](mailto:troyer.1@napls.us)

Address: 55 N. High Street

City: New Albany

State: OH

Zip: 43054

Sign:



Date:

10-15-13

Consortium Member (if applicable)

Name: ERIK SHUEY

Title: EXECUTIVE DIRECTOR OF HIGH SCHOOLS, SWCS

IRN: 044800

Phone: (614) 801-3084

Email: erik.shuey@swcs.us

Address: 3805 MARLANE DR.

City: GROVE CITY

State: OH

Zip: 43016

Sign: 

Date: 10-22-13

Consortium Member (if applicable)

Name: R. Emille Greenwald

Title: Chief Academic Officer

IRN: 044933

Phone: 614-487-5007, extension 1116

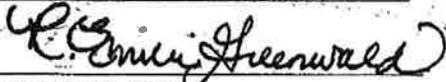
Email: egreenwald@uaschools.orf

Address: 1950 N. Mallway Drive

City: Upper Arlington

State: OH

Zip: 43221

Sign: 

Date: October 23, 2013

Consortium Member (if applicable)

Name: Brian D. Hamler

Title: Superintendent

IRN: 045070

Phone: 614-417-5001

Email: hamlerb@whitehallcityschools.org

Address: 625 S. Yearling Road

City: Whitehall

State: Ohio

Zip: 43213

Sign: Brian D Hamler

Date: October 23, 2013

Consortium Member (if applicable)

Name: Jack Fette

Title: Director of Curriculum and Instruction

IRN: 046763

Phone: 740-657-4022

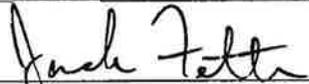
Email: jack\_fette@olsd.us

Address: 814 Shanahan Road

City: Lewis Center

State: Ohio

Zip: 43035

Sign: 

Date: 10-23-13

# STRAIGHT FUND

Consortium Member (if applicable)

Name: James Sotlar  
 Title: Superintendent - Canal Winchester Local Schools  
 IRN: 046946  
 Phone: 614-837-4533  
 Email: jsotlar@cwls.us  
 Address: 100 Washington St  
 City: Canal Winchester  
 State: Ohio  
 Zip: 43110

Sign:   
 Date: 10-24-13

Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_

Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_

Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_

Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_

Consortium Member (if applicable)

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

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_



**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: Jack Cooley, Ph.D.  
 Title: Senior Vice President for Academic Affairs  
 IRN: \_\_\_\_\_  
 Phone: (614) 287-2501  
 Email: jcooley3@cscc.edu  
 Address: 550 E. Spring St.  
 City: Columbus  
 State: Ohio  
 Zip: 43215  
 Sign: [Signature]  
 Date: 10/25/13

Primary Partner

Name: Tricia Moore  
 Title: Director of Partnerships  
 Tax ID/IRN: 047001  
 Phone: 614-501-1020  
 Email: tmoore@reyn.org  
 Address: 7244 E Main Street  
 City: Reynoldsburg  
 State: Ohio  
 Zip: 43068  
 Sign: [Signature]  
 Date: 10/25/13



**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: Tricia Moore  
 Title: Director of Partnerships  
 IRN: 047001  
 Phone: 614-501-1020  
 Email: trmoore@reign.org  
 Address: 7244 East Main Street  
 City: Reynoldsburg  
 State: Ohio  
 Zip: 43068

Sign:   
 Date: 10/25/13

Primary Partner

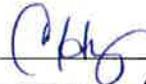
Name: Marie C. Ward, Ph.D  
 Title: Director of Grant Management  
 Tax ID/IRN: 040930  
 Phone: 614-753-4850  
 Email: marie.ward@escco.org  
 Address: 2080 Citygate Drive  
 City: Columbus  
 State: Ohio  
 Zip: 43219

Sign:   
 Date: 10/22/2013



Secondary Applicant (if applicable)

Name: Cheryl Hay  
Title: Senior Executive Director  
IRN: \_\_\_\_\_  
Phone: 614.287.2415  
Email: chay30@cscc.edu  
Address: 550 E Spring St.  
City: Columbus  
State: Ohio  
Zip: 43215

Sign:   
Date: 10-23-13

Secondary Partner (if applicable)

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

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

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: \_\_\_\_\_

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 FUND

## Secondary Applicant (if applicable)

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

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

## Secondary Applicant (if applicable)

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

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

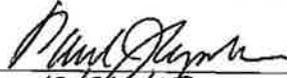
## Secondary Applicant (if applicable)

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

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

## Secondary Partner (if applicable)

Name: Bethelle for Kids, Paul Cynkar  
Title: COO  
Tax ID/IRN: \_\_\_\_\_  
Phone: 614-481-3141  
Email: pcynkar@bethelleforkids.org  
Address: 1160 Dublin Rd, Ste 500  
City: Columbus  
State: OH  
Zip: 43215

Sign:   
Date: 10/26/13

## Secondary Partner (if applicable)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Tax ID/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: \_\_\_\_\_

