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

<table>
<thead>
<tr>
<th>Lead Applicant/Consortium Member</th>
<th>Secondary Applicant/Consortium Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: William Kirby</td>
<td>Name: Bradley C Neavin</td>
</tr>
<tr>
<td>Title: Superintendent Valley View</td>
<td>Title: Superintendent Vandalia-Br</td>
</tr>
<tr>
<td>IRN: 048744</td>
<td>IRN: 044958</td>
</tr>
<tr>
<td>Phone: 937.855.6581</td>
<td>Phone: 937.415.6400</td>
</tr>
<tr>
<td>Email: <a href="mailto:vwbkirby@mdeca.org">vwbkirby@mdeca.org</a></td>
<td>Email: <a href="mailto:bradley.neavin@vbcisd.com">bradley.neavin@vbcisd.com</a></td>
</tr>
<tr>
<td>Address: 59 Peffley Street</td>
<td>Address: 306 S Dixie Drive</td>
</tr>
<tr>
<td>City: Germantown</td>
<td>City: Vandalia</td>
</tr>
<tr>
<td>State: Ohio</td>
<td>State: Ohio</td>
</tr>
<tr>
<td>Zip: 45327</td>
<td>Zip: 45377</td>
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<tr>
<td>Sign:</td>
<td>Sign:</td>
</tr>
<tr>
<td>Date: 10-29-13</td>
<td>Date: 10-24-13</td>
</tr>
</tbody>
</table>
Consortium Member (if applicable)

Name: Hope Strickland
Title: Assistant Principal Dayton F
IRN: 011506
Phone: (937) 256-3777
Email: hopen.strickland@wright.edu
Address: 1724 Woodman Drive
City: Kettering
State: OH
Zip: 45420

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: ____________________________
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State: ____________________________
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Sign: ____________________________
Date: ____________________________