STRAIGHT A FUND

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: Paula Canterbury
Title: DIRECTOR OF INSTRUCTION
IRN: 044974
Phone: 330-335-1315
Email: wade_canterbury@wadsworthschools.org
Address: 524 BROAD ST.
City: AKRON
State: OHIO
Zip: 44281

Sign: Paula Canterbury
Date: Oct. 25, 2013

Secondary Applicant/Consortium Member

Name: Laurie Boedicker
Title: Director of Curriculum & Instruction
IRN: 048496
Phone: 330-239-1901 x 1218
Email: boedicker@highlandschools.org
Address: 3880 Ridge Road
City: Medina
State: Ohio
Zip: 44256

Sign: Laurie Boedicker
Date: Oct 25, 2013

STRAIGHT A FUND

Secondary Applicant (if applicable)

Name: Barbara Gunkelman
Title: Curriculum Director
IRN: 048470
Phone: 330-722-8257 EXT 1006
Email: bgunkelman@buckeyeschools.org
Address: 3044 Columbia Rd
City: Medina, OH 44256
State: OHIO
Zip: 44256

Sign: Barbara A. Gunkelman
Date: 10-25-13

Secondary Partner (if applicable)

Name: Robert Hevener
Title: Director of Curriculum
Tax ID/IRN: 048488
Phone: 330-721-3503
Email: Bob.Hevener@cloverleaflocal.org
Address: 8525 Friendsville Road
City: Lodi
State: Ohio
Zip: 44254

Sign: Robert Hevener
Date: 10-25-13

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: