STRAIGHT A FUND

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		Primary Partner	
Name:	Westside Academy	Name:	Imagine Learning, Inc.
Title:		Title:	
IRN:	000875	Tax ID/IRN:	[redacted]
Phone:	614-808-5606	Phone:	801-377-5071
Email:	hobannon@wsa-school.com	Email:	eric.keefer@imaginelearning.com
Address:	4330 Clime Rd N.	Address:	191 River Park Dr.
City:	Columbus	City:	Provo
State:	OH	State:	UTAH
Zip:	43228	Zip:	84604
Sign:	[signature]	Sign:	[signature] C.F.O.
Date:	10-22-13	Date:	10/22/13

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Secondary Applicant (if applicable)

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

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: Blue Technologies Smart Solutions, LLC
Title: _____
Tax ID/IRN: [redacted]
Phone: 216-765-1122, x 8371
Email: pKarlin@Smartsolutionsonline.com
Address: 5885 Grant Ave.
City: Cleveland, OH
State: Ohio
Zip: 44105

Sign: Paul Karlin, director
Date: 10-27-13

Secondary Applicant (if applicable)

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

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: Tarazi Productions
~~Title:~~ Omar Tarazi Owner
Tax ID/IRN: [redacted]
Phone: 614-226-2823
Email: _____
Address: 5635 Sandbrook
City: Hilliard
State: Ohio
Zip: 43026

Sign: _____ owner
Date: 10-22-13

Secondary Applicant (if applicable)

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

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: _____
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Email: pKarlin@Smartsolutionsonline.com
Address: 5885 Grant Ave.
City: Cleveland, OH
State: Ohio
Zip: 44105

Sign: Paul Karlin, director
Date: 10-27-13

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

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: Tarazi Productions
~~Title:~~ Omar Tarazi Owner
Tax ID/IRN: [redacted]
Phone: 614-226-2823
Email: _____
Address: 5635 Sandbrook
City: Hilliard
State: Ohio
Zip: 43026

Sign: _____ owner
Date: 10-22-13

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: _____