

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

<u>Applicant</u>	<u>Secondary Partner (if applicable)</u>
Name: _____	Name: <u>Dave Williamson</u>
Title: _____	Title: <u>Director CCEEDP</u>
IRN: _____	Tax ID/IRN: _____
Phone: _____	Phone: <u>419-563-0414</u>
Email: _____	Email: <u>davidw@crawford-co.org</u>
Address: _____	Address: <u>117 E. Mansfield</u>
City: _____	City: <u>Bucyrus</u>
State: _____	State: <u>Ohio</u>
Zip: _____	Zip: <u>44820</u>
Sign: _____	Sign: <u><i>Dave Williamson</i></u>
Date: _____	Date: <u>10/23/13</u>



STRAIGHT **A** 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: Jim Kennedy
Title: CEO Ohio Mutual Insurance Company
Tax ID/IRN: _____
Phone: 419-562-3011
Email: jkennedy@omig.com
Address: 1725 Hopley Ave
City: Bucyrus, Ohio
State: Ohio
Zip: 44820

Sign: _____
Date: 10/22/13

Secondary Partner (if applicable)

Name: Steve Crall
Title: Vice President IB Tech
Tax ID/IRN: _____
Phone: 419-563-5522
Email: scrall@isamenusa.com
Address: Crossroads Blvd
City: Bucyrus
State: Ohio
Zip: 44820

Sign: _____
Date: 10/23/13

Secondary Partner (if applicable)

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

Sign: _____
Date: _____

