



16 April, 2014

Ms. Missy McClurg
Special Education Officer 6-12
Delphos City Schools
901 Wildcat Lane
Delphos, OH 45833

RE: Agreement for participation with Delphos City Schools for a project entitled, *Let's BRAG* (Bring Robust Achievement Gains) About Our Schools! OSU Proposal #53747

I am writing to confirm the willingness of The Ohio State University to participate in the above mentioned project being submitted by Delphos City Schools. Our efforts on this agreement will be under the direction of Professor Rajiv Ramnath. The Office of Sponsored Programs is the legal entity authorized to administer grants and contracts awarded to faculty and staff at The Ohio State University and reserves the right to negotiate terms appropriate to a nonprofit educational institution performing work on a best effort basis. An award resulting from your favorable evaluation of this proposal should be issued in the name of The Ohio State University, Tax I.D. Number 31-6025986.

We look forward to our participation with you on this project and have included our budget, statement of work, and the Straight A Fund form entitled "Description of Nature of Partnership. Any additional questions can be directed to me by phone at 614.292.5277 or by email at smith.83@osu.edu. Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Ruth Smith".

Ruth Smith
Director, Engineering Research Services

Let's BRAG (B ring R obust A chievement G ains) about our Schools!
 The Ohio State University
 September 1, 2014 - August 31, 2016

SOW per Rajiv

Provide software development expertise in order to develop a mobile app (along with server components as needed) for connecting schools (students, teachers and administrators) with community experts and business leaders in order to set up and coordinate job shadowing, internships and speaking arrangements publicized through social media.

#REF	Personnel	Schedule of Effort				base \$ / (period)
		Year 1		Year 2		
Faculty		Sponsor	OSU	Sponsor	OSU	
Faculty Investigator	Academic Year Release Time	%	4%		4%	\$110,360 / (3 mos)
Ray Ramnath	Off Duty Salary	months				\$39,717 / (3 mos)
	Academic Year Release Time	%				\$0 / (9 mos)
	Off Duty Salary	months				\$0 / (3 mos)
	Academic Year Release Time	%				\$0 / (9 mos)
	Off Duty Salary	months				\$0 / (3 mos)
	Academic Year Release Time	%				\$0 / (9 mos)
	Off Duty Salary	months				\$0 / (3 mos)
Staff	A & P Staff	%				\$0 / (year)
	A & P Staff	%				\$0 / (year)
	Classified Staff	%				\$0 / (year)
Student(s)	0 Post-Doctoral Researcher	%				\$0 / (year)
	1 GRA(s)	%	50%		50%	\$47,520 / (year)
	0 Undergraduate Student(s)	%				\$0 / (year)

	YEAR 1		YEAR 2		SUMMARY
	Sept - Aug	Sept - Aug	Sept - Aug	Sept - Aug	
	0 mos Acad	3 mos off duty	0 mos Acad	3 mos off duty	
	Sponsor	OSU	Sponsor	OSU	
Faculty Investigator	\$5,000	\$0	\$5,000	\$0	\$10,000
Off Duty Salary	\$0	\$0	\$0	\$0	\$0
Academic Year Release Time	\$0	\$0	\$0	\$0	\$0
Off Duty Salary	\$0	\$0	\$0	\$0	\$0
Academic Year Release Time	\$0	\$0	\$0	\$0	\$0
Off Duty Salary	\$0	\$0	\$0	\$0	\$0
Academic Year Release Time	\$0	\$0	\$0	\$0	\$0
Off Duty Salary	\$0	\$0	\$0	\$0	\$0
A & P Staff	\$0	\$0	\$0	\$0	\$0
A & P Staff	\$0	\$0	\$0	\$0	\$0
Classified Staff	\$0	\$0	\$0	\$0	\$0
0 Post-Doctoral Researcher	\$0	\$0	\$0	\$0	\$0
1 GRA(s)	\$23,760	\$0	\$24,473	\$0	\$48,233
0 Undergraduate Student(s)	\$0	\$0	\$0	\$0	\$0
Subtotal	\$28,760	\$0	\$29,473	\$0	\$58,233
Fringe Benefits:	\$1,450	\$0	\$1,450	\$0	\$2,900
29.0% faculty (release time)	\$0	\$0	\$0	\$0	\$0
16.6% faculty (summer/off-duty qt & specials)	\$0	\$0	\$0	\$0	\$0
34.9% staff (A & P)	\$0	\$0	\$0	\$0	\$0
34.9% staff (Post-Doc Researcher)	\$0	\$0	\$0	\$0	\$0
46.1% staff (Classified)	\$0	\$0	\$0	\$0	\$0
12.6% Students (GRA & undergraduate), pre and post doctoral fellows and trainees	\$2,994	\$0	\$3,084	\$0	\$6,077
Subtotal	\$4,444	\$0	\$4,534	\$0	\$8,977
Tuition - 8 credits AU & SP, 4 credits SU	\$17,517	\$0	\$18,568	\$0	\$36,085
Capital Equipment (each item must be >\$5,000)	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Other Direct Costs	\$0	\$0	\$0	\$0	\$0
Subcontracts	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$50,721	\$0	\$52,574	\$0	\$103,295
Indirect Costs @ 3% (noted below) of Modified Total Direct Costs*	\$33,204	\$0	\$34,006	\$0	\$67,210
Indirect Costs @ 3% (noted below) of first \$25,000 Subcontract	\$17,930	\$0	\$18,363	\$0	\$36,293
Total Direct and Indirect Costs	\$0	\$0	\$0	\$0	\$0
Less: OSU Cost Share	\$68,651	\$0	\$70,938	\$0	\$139,589
TOTAL COSTS - Sponsor	\$68,651	\$0	\$70,938	\$0	\$139,589

Fringe Benefits: FY2014 Rates
 29.0% faculty (release time)
 16.6% faculty (summer/off-duty qt & specials)
 34.9% staff (A & P)
 34.9% staff (Post-Doc Researcher)
 46.1% staff (Classified)
 12.6% Students (GRA & undergraduate), pre and post doctoral fellows and trainees

Tuition - 8 credits AU & SP, 4 credits SU
 \$17,517 tuition per student/year
 (inflated @ 6% for subsequent years)

Capital Equipment (each item must be >\$5,000)
 ...
 ...

Travel Domestic:
 Foreign:

Other Direct Costs
 Equipment (Non-Capitalized)
 Materials and Supplies
 Publication costs
 Lab Access Fees
 Equipment Maintenance
 Computer Networking Connections
 Other

Subcontracts
 ...
 ...

Total Direct Costs
 Modified Total Direct Costs* (base)

Indirect Costs @ 3% (noted below) of Modified Total Direct Costs*
 Indirect Costs @ 3% (noted below) of first \$25,000 Subcontract
 Total Direct and Indirect Costs
 Less: OSU Cost Share
 TOTAL COSTS - Sponsor

*MTDC = Direct Costs less Equipment & Tuition/Fees
 **inflation estimated @ 3% Salaries for consecutive years
 Inflation based on NIH 3% escalation factor

IDC Rate 54.0% 54.0% 54.0% 54.0%
 Sponsor Total: \$68,651 \$70,938 \$139,589
 OSU Cost Sharing: \$0 \$0 \$0

Approved for Institution: *Ruth B Smith*

16 April
 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: _____
 Title: _____
 IRN: _____
 Phone: _____
 Email: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Sign: _____
 Date: _____

Primary Partner

Name: The Ohio State University, Office of Sponsored Programs
 Title: Director, Engineering Research Services
 Tax ID/IRN: 31-6025986
 Phone: 614.292.5277
 Email: smith.83@osu.edu
 Address: 1960 Kenny Road
 City: Columbus
 State: OH
 Zip: 43210

Sign: 
 Date: 16 April, 2014





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: _____
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: _____

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 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: _____
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: _____

Secondary Partner (if applicable)

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

Sign: _____
Date: _____

