



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.

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.

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.
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: Dr. Ronald Iarussi
Title: Superintendent, Mahoning County ESC
IRN: 048280
Phone: 330-965-7828
Email: r.iarussi@mahoningesc.org
Address: 100 DeBartolo Place, Suite 220
City: Youngstown
State: OH
Zip: 44512

Sign: [Signature]
Date: 4-9-14

Secondary Applicant/Consortium Member

Name: Dr. Roan Craig
Title: Superintendent, Mahoning County CTC
IRN: 051243
Phone: 330-729-4000
Email: Roan.Craig@mahoningctc.com
Address: 7300 N. Palmyra Rd.
City: Canfield
State: OH
Zip: 44406

Sign: [Signature]
Date: 4-9-14





Consortium Member (if applicable)

Name: Vincent Colaluca
Title: Superintendent, AustIntown Local
IRN: 048298
Phone: 330-797-3900
Email: vcolaluca@austintownschools.org
Address: 700 S. Raccoon Rd.
City: AustIntown
State: OH
Zip: 44515

Sign: Vincent Colaluca
Date: 4/9/14

Consortium Member (if applicable)

Name: Matthew Bowen
Title: Superintendent, Campbell City
IRN: 043703
Phone: 330-799-8777
Email: Mbowen@campbell.k12.oh.us
Address: 280 Sixth St.
City: Campbell
State: OH
Zip: 44405

Sign: Matthew Bowen
Date: 4/9/14

Consortium Member (if applicable)

Name: Frank Lazzari
Title: Superintendent, Boardman Local
IRN: 048308
Phone: 330-726-3404
Email: Frank.Lazzari@BoardmanSchools.org
Address: 7410 Market St.
City: Youngstown
State: OH
Zip: 44512

Sign: Frank Lazzari
Date: 4-9-2014

Consortium Member (if applicable)

Name: Alex Geordan
Title: Superintendent, Canfield Local
IRN: 048314
Phone: 330-533-3303
Email: AGeordan@CanfieldSchools.net
Address: 100 Wadsworth St.
City: Canfield
State: OH
Zip: 44406

Sign: Alex Geordan
Date: 4/9/14

Consortium Member (if applicable)

Name: Timothy Saxton
Title: Superintendent, Brookfield Local
IRN: 050120
Phone: 330-448-4930
Email: Tim.Saxton@neomin.org
Address: 614 Bedford Rd S.E.
City: Brookfield
State: OH
Zip: 44403

Sign: Tim Saxton
Date: 4/9/2014

Consortium Member (if applicable)

Name: Don Mook
Title: Superintendent, Columbiana Exempted Village
IRN: 045328
Phone: 330-482-5352
Email: Don.Mook@ColumbianaSchools.org
Address: 700 Columbiana Waterford Rd.
City: Columbiana
State: OH
Zip: 44408

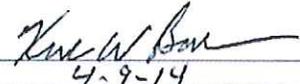
Sign: Don Mook
Date: 4-9-2014



STRAIGHT FUND

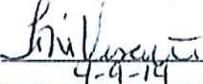
Consortium Member (if applicable)

Name: Kirk Baker
Title: Superintendent, Jackson Milton Local
IRN: 048322
Phone: 330-538-3232
Email: Kirk.Baker@JacksonMilton.k12.oh.us
Address: 13910 Mahoning Ave.
City: North Jackson
State: OH
Zip: 44451

Sign: 
Date: 4-9-14

Consortium Member (if applicable)

Name: Toni Viscounte
Title: Interim Superintendent, Sebring Local
IRN: 048355
Phone: 330-938-6165
Email: TViscounte@Sebring.k12.oh.us
Address: 510 North 14th St.
City: Sebring
State: OH
Zip: 44672

Sign: 
Date: 4-9-14

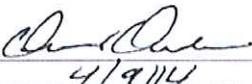
Consortium Member (if applicable)

Name: Rocco Nero
Title: Superintendent, Lowellville Local
IRN: 048330
Phone: 330-536-6318
Email: R.Nero@LowellvilleSchool.org
Address: 62 Rockot Placa
City: Lowellville
State: OH
Zip: 44436

Sign: 
Date: 4/9/14

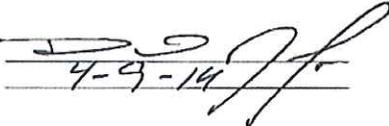
Consortium Member (if applicable)

Name: Dennis Dunham
Title: Superintendent, South Range Local
IRN: 048363
Phone: 330-549-5226
Email: Ddunham@SouthRange.org
Address: 11300 Columblana-Canfield Rd., Suite B
City: Canfield
State: OH
Zip: 44406

Sign: 
Date: 4/9/14

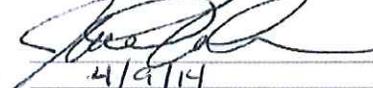
Consortium Member (if applicable)

Name: David Janofa
Title: Superintendent, Poland Local
IRN: 048348
Phone: 330-757-7000
Email: DJanofa@PolandSchools.org
Address: 3199 Dobbins Rd.
City: Poland
State: OH
Zip: 44514

Sign: 
Date: 4-9-14

Consortium Member (if applicable)

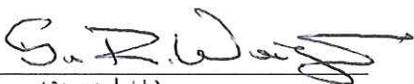
Name: Joseph Nohra
Title: Superintendent, Struthers City
IRN: 044859
Phone: 330-750-1001
Email: Joseph.Nohra@StruthersCitySchools.org
Address: 99 Euclid Ave.
City: Struthers
State: OH
Zip: 44471

Sign: 
Date: 4/9/14



Consortium Member (if applicable)

Name: Scott Weingart
 Title: Superintendent, West Branch Local
 IRN: 048389
 Phone: 330-938-9324
 Email: Scott.Weingart@WBWarriors.org
 Address: 14277 Main St.
 City: Beloit
 State: OH
 Zip: 44609

Sign: 
 Date: 4/9/14

Consortium Member (if applicable)

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

Sign: _____
 Date: _____

Consortium Member (if applicable)

Name: Jeffrey Zatchok
 Title: Superintendent, Western Reserve Local
 IRN: 048397
 Phone: 330-547-0805
 Email: JZatchok@wrls.k12.oh.us
 Address: 13850 Akron Canfield Rd.
 City: Berlin Center
 State: OH
 Zip: 44401

Sign: 
 Date: 4-9-14

Consortium Member (if applicable)

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

Sign: _____
 Date: _____

Consortium Member (if applicable)

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

Sign: _____
 Date: _____

Consortium Member (if applicable)

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

Sign: _____
 Date: _____

