



**OHIO JOB READY SITES PROGRAM
REQUEST FOR WAIVER
FROM CONTINUAL EXISTENCE RULE AND/OR MINIMUM GRANT MANAGEMENT EXPERIENCE
REQUIREMENT(S)**

1. Entity Name and Background Information:
Name:

Address (City/Township and County):

Type:

- Political Subdivision
 Non-profit Economic Development Organization
 Private, For-profit Entity

Name and Address/Location of Proposed Site Improvement Project:

2. Nature of Waiver Request (*check all that apply*):

- Entity cannot demonstrate it has been incorporated and in continual existence during the 24-month period immediately prior to the date of filing an application for assistance under the Ohio Job Ready Sites Program.
 Entity cannot demonstrate experience successfully managing federal, State and/or other-sourced grants totaling at least \$500,000 during the five year period prior to the date of filing an application for assistance under the Ohio Job Ready Sites Program.

3. Basis for Director to Grant Waiver, per Ohio Job Ready Sites Program guidelines (*provide all of the following*):

- Provide a completed Form H-1 (attached to this waiver and on page 18 of the JRS application): Required Grant Management Experience (only if requesting waiver from grant management experience requirement).
- Attach organizational structure (actual or proposed) of the entity, including a list of the entity's staff members who would work on this project.
- Attach listing of all members of the entity's board and management team, including names, titles, and resumes or curricula vitae of each such individual. Provide a listing, per each such individual, of any federal, State, and/or other-sourced grants managed in his or her current or previous employment.
- Attach approved operating budget information – including revenue information – for the entity for the preceding three years or dating back to the date of incorporation, whichever is earlier.
- Attach, if necessary, up to one additional page of relevant information to serve as the basis for the Director to grant a waiver.

I hereby attest that the information contained herein is true and accurate.

Signature

Date

Name, Title - Authorized Representative of Proposed Applicant

Form H-1: Required Grant Management Experience

Complete the following table (use additional sheets as necessary):

No.	Grant Name & Purpose of Award	Specific Funding Source	Total Grant Amount	Grant Status	Grant Term (Dates)
1	Grant Name:	<input type="checkbox"/> Gov't agency:	\$	<input type="checkbox"/> Active <input type="checkbox"/> Closed	/ / to / /
	Grant Purpose:	<input type="checkbox"/> Nonprofit agency: <input type="checkbox"/> Other:	*This grant ever subject to audit? <input type="checkbox"/> No, grant not audited <input type="checkbox"/> Yes, grant audited (attach explanation)	**Applicant/recipient complete grant according to all terms and conditions? <input type="checkbox"/> Yes, grant was successfully closed <input type="checkbox"/> No (attach explanation)	
2	Grant Name:	<input type="checkbox"/> Gov't agency:	\$	<input type="checkbox"/> Active <input type="checkbox"/> Closed	/ / to / /
	Grant Purpose:	<input type="checkbox"/> Nonprofit agency: <input type="checkbox"/> Other:	*This grant ever subject to audit? <input type="checkbox"/> No, grant not audited <input type="checkbox"/> Yes, grant audited (attach explanation)	**Applicant/recipient complete grant according to all terms and conditions? <input type="checkbox"/> Yes, grant was successfully closed <input type="checkbox"/> No (attach explanation)	
3	Grant Name:	<input type="checkbox"/> Gov't agency:	\$	<input type="checkbox"/> Active <input type="checkbox"/> Closed	/ / to / /
	Grant Purpose:	<input type="checkbox"/> Nonprofit agency: <input type="checkbox"/> Other:	*This grant ever subject to audit? <input type="checkbox"/> No, grant not audited <input type="checkbox"/> Yes, grant audited (attach explanation)	**Applicant/recipient complete grant according to all terms and conditions? <input type="checkbox"/> Yes, grant was successfully closed <input type="checkbox"/> No (attach explanation)	