

Round 3: Application Form

Local Government Innovation Fund

Step One: Fill out this Application Form in its entirety.

Step Two: Fill out the online submission form and submit your application materials. All supplemental application materials should be combined into one file for submission.

LGIF: Applicant Profile

Lead Applicant	
Project Name	
Type of Request	
Funding Request	
JobsOhio Region	
Number of Collaborative Partners	

Office of Redevelopment

Website: <http://development.ohio.gov/Urban/LGIF.htm>

Email: LGIF@development.ohio.gov

Phone: 614 | 995 2292

Lead Applicant		Round 3	
Project Name		Type of Request	

Lead Applicant				
Mailing Address:	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
City, Township or Village			Population (2010)	
County			Population (2010)	
Did the lead applicant provide a resolution of support?		Yes (Attached)	No (In Process)	

Project Contact				
Complete the section below with information for the individual to be contacted on matters involving this application.				
	Project Contact		Title	
Mailing Address:	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
Email Address			Phone Number	

Fiscal Officer				
Complete the section below with information for the entity and individual serving as the fiscal agent for the project.				
	Fiscal Officer		Title	
Mailing Address:	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
Email Address			Phone Number	
Is your organization registered in OAKS as a vendor?		Yes	No	

Section 1
Contacts

Lead Applicant		Round 3	
Project Name		Type of	

Single Applicant		
Is your organization applying as a single entity?	Yes	No
Participating Entity: (1 point) for single applicants		

Collaborative Partners		
Does the proposal involve other entities acting as collaborative partners?	Yes	No
<p>Applicants applying with a collaborative partner are required to show proof of the partnership with a partnership agreement signed by each partner and resolutions of support from the governing entities. If the collaborative partner does not have a governing entity, a letter of support from the partnering organization is sufficient. Include these documents in the supporting documents section of the application.</p> <p>In the section below, applicants are required to identify population information and the nature of the partnership.</p> <p>Each collaborative partner should also be clearly and separately identified on pages 4-5.</p>		
Number of Collaborative Partners who signed the partnership agreement, and provided resolutions of support.		
Participating Entity: (5 points) allocated to projects with collaborative partners.		

Population		
The applicant is required to provide information from the 2010 U.S. Census information, available at: http://factfinder2.census.gov/		
Does the applicant (or collaborative partner) represent a city, township or village with a population of less than 20,000 residents?	Yes	No
	List Entity	
	Municipality/Township	Population
Does the applicant (or collaborative partner) represent a county with a population of less than 235,000 residents?	Yes	No
	List Entity	
	County	Population
Population: (3-5 points) determined by the smallest population listed in the application. Applications from (or collaborating with) small communities are preferred.		

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	

Nature of Partnership (2000 character limit)

As agreed upon in the partnership agreement, please identify the nature of the partnership, and explain how the main applicant and the partners will work together on the proposed project.

Section 2
Collaborative Partners

List of Partners

The applicant applying with collaborative partners (defined in §1.03 of the LGIF Policies) must include the following information for each applicant:

- **Name of collaborative partners**
- **Contact Information**
- **Population data (derived from the 2010 U.S. Census)**

If the project involves more than 12 collaborative partners, additional forms are available on the LGIF website.

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 1					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 2					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 3					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 4					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 5					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 6					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 7					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 8					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 9					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 10					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 11					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 12					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	

Identification of the Type of Award	
Targeted Approach	

Project Description (4000 character limit)

Please provide a general description of the project. The information provided will be used for council briefings, program, and marketing materials.

Section 3
Project Information

Lead Applicant		Round 3	
Project Name		Type of Request	

Past Success	Yes	No
Past Success (5 points)		
Provide a summary of past efforts to implement a project to improve efficiency, implement shared services, coproduction, or a merger. (1000 character limit)		

Scalable/Replicable Proposal	Scalable	Replicable	Both
Scalable/Replicable (10 points)			
Provide a summary of how the applicant's proposal can be replicated by other local governments or scaled for the inclusion of other local governments. (1000 character limit)			

Section 3
Project Information

Probability of Success	Yes	No
Probability of Success (5 points)		
Provide a summary of the likelihood of the grant study recommendations being implemented. Applicants requesting a loan should provide a summary of the probability of savings from the loan request. (1000 character limit)		

Lead Applicant		Round 3	
Project Name		Type of Request	

Performance Audit Implementation/Cost Benchmarking	Yes	No
Performance Audit/Benchmarking (5 points)		
If the project is the result of recommendations from a performance audit provided by the Auditor of State under Chapter 117 of the Ohio Revised Code or a cost benchmarking study, please attach a copy with the supporting documents. In the section below, provide a summary of the performance audit or cost benchmarking study. (1000 character limit)		

Economic Impact	Yes	No
Economic Impact (5 points)		
Provide a summary of how the proposal will promote a business environment (through a private business relationship) and/or provide for community attraction. (1000 character limit)		

Section 3
Project Information

Response to Economic Demand	Yes	No
Response to Economic Demand (5 points)		
Provide a summary of how the project responds to substantial changes in economic demand for local or regional government services. The narrative should include a description of the current service level. (1000 character limit)		

Budget Information

General Instructions

- Both the Project Budget and Program Budgets are required to be filled out in this form.
- Consolidate budget information to fit in the form. Additional budget detail may be provided in the budget narrative or in an attachment in Section 5: Supplemental Information.

Project Budget:

- The Project Budget justification must be explained in the Project Budget Narrative section of the application. This section is also used to explain the reasoning behind any items on the budget that are not self explanatory, and provide additional detail about project expenses.
- The Project Budget should be for the period that covers the entire project. The look-back period for in-kind contributions is two (2) years. These contributions are considered a part of the total project costs.
- For the Project Budget, indicate which entity and revenue source will be used to fund each expense. This information will be used to help determine eligible project expenses.
- Please provide documentation of all in-kind match contributions in the supporting documents section. For future in-kind match contributions, supporting documentation will be provided at a later date.

Program Budget:

- Six (6) years of Program Budgets should be provided. The standard submission should include three years previous budgets (actual), and three years of projections including implementation of the proposed project. A second set of three years of projections (one set including implementation of this program, and one set where no shared services occurred) may be provided in lieu of three years previous if this does not apply to the proposed project.
- Please use the Program Budget Narrative section to explain any unusual activities or expenses, and to defend the budget projections. If the budget requires the combining of costs on the budget template, please explain this in the narrative.

Return on Investment:

- A Return on Investment calculation is required, and should reference cost savings, cost avoidance and/or increased revenues indicated in the budget projection sections of the application. Use the space designated for narrative to justify this calculation, using references when appropriate.

For Loan Applications only:

- Using the space provided, outline a loan repayment structure.
- Attach three years prior financial documents related to the financial health of the lead applicant (balance sheet, income statement, and a statement of cash flows).

Lead Applicant		Round 3	
Project Name		Type of Request	

Project Budget

Sources of Funds

LGIF Request:

Cash Match (List Sources Below):

Source:	<input style="width: 100%;" type="text"/>

In-Kind Match (List Sources Below):

Source:	<input style="width: 100%;" type="text"/>
Source:	<input style="width: 100%;" type="text"/>
Source:	<input style="width: 100%;" type="text"/>

Total Match:
Total Sources:

Uses of Funds

	<u>Amount</u>	<u>Revenue Source</u>
Consultant Fees:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Legal Fees:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Total Uses:
Local Match Percentage:

* Please note that this match percentage will be included in your grant/loan agreement and cannot be changed after awards are made.

Local Match Percentage = (Match Amount/Project Cost) * 100 (10% match required)
10-39.99% (1 point) 40-69.99% (3 points) 70% or greater (5 points)

Project Budget Narrative: Use this space to justify expenses (1200 character max).

Section 4 Financial Information

Lead Applicant		Round 3
Project Name		Type of Request

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Amount	Amount	Amount
Salary and Benefits			
Contract Services			
Occupancy (rent, utilities, maintenance)			
Training and Professional Development			
Insurance			
Travel			
Capital and Equipment Expenses			
Supplies, Printing, Copying, and Postage			
Evaluation			
Marketing			
Conferences, meetings, etc.			
Administration			
*Other - _____			
*Other - _____			
*Other - _____			
TOTAL EXPENSES			
Revenues	Revenues	Revenues	Revenues
Contributions, Gifts, Grants, and Earned Revenue			
Local Government: _____			
Local Government: _____			
Local Government: _____			
State Government			
Federal Government			
*Other - _____			
*Other - _____			
*Other - _____			
Membership Income			
Program Service Fees			
Investment Income			
TOTAL REVENUES			

Lead Applicant		Round 3
Project Name		Type of Request

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Amount	Amount	Amount
Salary and Benefits			
Contract Services			
Occupancy (rent, utilities, maintenance)			
Training and Professional Development			
Insurance			
Travel			
Capital and Equipment Expenses			
Supplies, Printing, Copying, and Postage			
Evaluation			
Marketing			
Conferences, meetings, etc.			
Administration			
*Other - _____			
*Other - _____			
*Other - _____			
TOTAL EXPENSES			
Revenues	Revenues	Revenues	Revenues
Contributions, Gifts, Grants, and Earned Revenue			
Local Government: _____			
Local Government: _____			
Local Government: _____			
State Government			
Federal Government			
*Other - _____			
*Other - _____			
*Other - _____			
Membership Income			
Program Service Fees			
Investment Income			
TOTAL REVENUES			

Lead Applicant		Round 3
Project Name		Type of Request

Program Budget

Use this space to justify the program budget and/or explain any unusual revenues or expenses (6000 characters max).

Section 4: Financial Information Scoring

- (5 points) Applicant provided complete and accurate budget information and narrative justification for a total of six fiscal years.
- (3 points) Applicant provided complete and accurate budget information and for at least three fiscal years.
- (1 point) Applicant provided complete and accurate budget information for less than three fiscal years.

Lead Applicant		Round 3	
Project Name		Type of Request	

Return On Investment

Return on Investment is a performance measure used to evaluate the efficiency of an investment. To derive the expected return on investment, divide the net gains of the project by the net costs. For these calculations, please use the implementation gains and costs, NOT the project costs (the cost of the feasibility, planning, or management study)--unless the results of this study will lead to direct savings without additional implementation costs. The gains from this project should be derived from the prior and future program budgets provided, and should be justified in the return on investment narrative.

Return on Investment Formulas:

Consider the following questions when determining the appropriate ROI formula for the project. Check the box of the formula used to determine the ROI for the project. These numbers should refer to savings/revenues illustrated in projected budgets.

Do you expect cost savings from efficiency from the project?

Use this formula:
$$\frac{\text{Total \$ Saved}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Do you expect cost avoidance from the implementation of the project/program?

Use this formula:
$$\frac{\text{Total Cost Avoided}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Do you expect increased revenues as a result of the project/program?

Use this formula:
$$\frac{\text{Total New Revenue}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Expected Return on Investment = _____ * 100 = _____

Return on Investment Justification Narrative: In the space below, briefly describe the nature of the expected return on investment, using references when appropriate. (1300 character limit)

Expected Return on Investment is:

Less than 25% (10 points)
25%-74.99% (20 points)
Greater than 75% (30 points)

Questions about how to calculate ROI? Please contact the Office of Redevelopment at 614-995-2292 or lgif@development.ohio.gov

Section 4
Financial Information

Lead Applicant		Round 3	
Project Name		Type of Request	

Loan Repayment Structure

Please outline the preferred loan repayment structure. At a minimum, please include the following: the entities responsible for repayment of the loan, all parties responsible for providing match amounts, and an alternative funding source (in lieu of collateral). Applicants will have two years to complete the project upon execution of the loan agreement, and the repayment period will begin upon the final disbursement of the loan funds. A description of expected savings over the term of the loan may be used as a repayment source.

Section 4
Financial Information

Applicant demonstrates a viable repayment source to support loan award. Secondary source can be in the form of a debt reserve, bank participation, a guarantee from a local entity, or other collateral (i.e. emergency, rainy day, or contingency fund, etc).

Applicant clearly demonstrates a secondary repayment source (5 points)	Applicant does not have a secondary repayment source (0 points)
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Lead Applicant		Round 3	
Project Name		Type of Request	

Scoring Overview

Section 1: Collaborative Measures

Collaborative Measures	Description	Max Points		Applicant Self Score
Population	Applicant's population (or the population of the area(s) served) falls within one of the listed categories as determined by the U.S. Census Bureau. Population scoring will be determined by the smallest population listed in the application. Applications from (or collaborating with) small communities are preferred.	5		
Participating Entities	Applicant has executed partnership agreements outlining all collaborative partners and participation agreements and has resolutions of support. (Note: Sole applicants only need to provide a resolution of support from its governing entity.	5		

Section 2: Success Measures

Past Success	Applicant has successfully implemented, or is following project guidance from a shared services model, for an efficiency, shared service, coproduction or merger project in the past.	5		
Scalable/Replicable Proposal	Applicant's proposal can be replicated by other local governments or scaled for the inclusion of other local governments.	10		
Probability of Success	Applicant provides a documented need for the project and clearly outlines the likelihood of the need being met.	5		

Section 3: Significance Measures

Performance Audit Implementation/Cost Benchmarking	The project implements a single recommendation from a performance audit provided by the Auditor of State under Chapter 117 of the Ohio Revised Code or is informed by cost benchmarking.	5		
Economic Impact	Applicant demonstrates the project will a promote business environment (i.e., demonstrates a business relationship resulting from the project) and will provide for community attraction (i.e., cost avoidance with respect to taxes)	5		
Response to Economic Demand	The project responds to current substantial changes in economic demand for local or regional government services.	5		

Section 4: Financial Measures

Financial Information	Applicant includes financial information (i.e., service related operating budgets) for the most recent three years and the three year period following the project. The financial information must be directly related to the scope of the project and will be used as the cost basis for determining any savings resulting from the project.	5		
Local Match	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	5		
Expected Return	Applicant demonstrates as a percentage of savings (i.e., actual savings, increased revenue, or cost avoidance) an expected return. The return must be derived from the applicant's cost basis.	30		
Repayment Structure (Loan Only)	Applicant demonstrates a viable repayment source to support loan award. Secondary source can be in the form of a debt reserve, bank participation, a guarantee from a local entity, or other collateral (i.e., emergency fund, rainy day fund, contingency fund, etc.).	5		

Total Points

Additional Partners

Local Government Innovation Fund

LGIF: Applicant Profile

Lead Applicant	
Project Name	
Type of Request	

Office of Redevelopment

Website: <http://development.ohio.gov/Urban/LGIF.htm>

E-mail: LGIF@development.ohio.gov

Phone: 614 | 995 2292

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 15					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 36					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 37					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 38					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4
List of Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners								
Number 19								
Address Line 1					Population			
Address Line 2					Municipality /Township		Population	
City,		State		Zip Code		County		Population
Email Address					Phone Number			
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Collaborative Partners								
Number 3:								
Address Line 1					Population			
Address Line 2					Municipality /Township		Population	
City,		State		Zip Code		County		Population
Email Address					Phone Number			
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Collaborative Partners								
Number 3;								
Address Line 1					Population			
Address Line 2					Municipality /Township		Population	
City,		State		Zip Code		County		Population
Email Address					Phone Number			
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Collaborative Partners								
Number 42								
Address Line 1					Population			
Address Line 2					Municipality /Township		Population	
City,		State		Zip Code		County		Population
Email Address					Phone Number			
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 4
List of Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners								
Number 41								
Address Line 1					Population			
Address Line 2					Municipality /Township		Population	
City,		State		Zip Code		County		Population
Email Address					Phone Number			
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Collaborative Partners								
Number 24								
Address Line 1					Population			
Address Line 2					Municipality /Township		Population	
City,		State		Zip Code		County		Population
Email Address					Phone Number			
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Collaborative Partners								
Number 25								
Address Line 1					Population			
Address Line 2					Municipality /Township		Population	
City,		State		Zip Code		County		Population
Email Address					Phone Number			
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Collaborative Partners								
Number 26								
Address Line 1					Population			
Address Line 2					Municipality /Township		Population	
City,		State		Zip Code		County		Population
Email Address					Phone Number			
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 47					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 28					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 29					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 2:					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners									
Number 4;									
Address Line 1					Population				
Address Line 2					Municipality /Township		Population		
City,		State		Zip Code		County		Population	
Email Address					Phone Number				
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Collaborative Partners									
Number 52									
Address Line 1					Population				
Address Line 2					Municipality /Township		Population		
City,		State		Zip Code		County		Population	
Email Address					Phone Number				
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Collaborative Partners									
Number 53									
Address Line 1					Population				
Address Line 2					Municipality /Township		Population		
City,		State		Zip Code		County		Population	
Email Address					Phone Number				
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Collaborative Partners									
Number 52									
Address Line 1					Population				
Address Line 2					Municipality /Township		Population		
City,		State		Zip Code		County		Population	
Email Address					Phone Number				
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 4
List of Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 55					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 56					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 57					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 58					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4
List of Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 59					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 5:					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 5;					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 62					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 List of Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 63					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 62					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 65					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 66					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4 List of Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners									
Number 67									
Address Line 1					Population				
Address Line 2					Municipality /Township		Population		
City,		State		Zip Code		County		Population	
Email Address					Phone Number				
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Collaborative Partners									
Number 68									
Address Line 1					Population				
Address Line 2					Municipality /Township		Population		
City,		State		Zip Code		County		Population	
Email Address					Phone Number				
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Collaborative Partners									
Number 69									
Address Line 1					Population				
Address Line 2					Municipality /Township		Population		
City,		State		Zip Code		County		Population	
Email Address					Phone Number				
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Collaborative Partners									
Number 6:									
Address Line 1					Population				
Address Line 2					Municipality /Township		Population		
City,		State		Zip Code		County		Population	
Email Address					Phone Number				
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 4
List of Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 6;					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 72					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 73					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 72					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 List of Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 75					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 76					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 77					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 78					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City,	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4
List of Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 79					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 7:					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 7;					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collaborative Partners					
Number 82					
Address Line 1				Population	
Address Line 2				Municipality /Township	Population
City,	State	Zip Code		County	Population
Email Address				Phone Number	
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4
List of Partners

Bent, Nicole

From: EILEEN BARDON <BARDOE@odjfs.state.oh.us>
Sent: Monday, October 22, 2012 4:25 PM
To: lgif
Subject: Cure - Community Partnership & Technology Initiative
Attachments: Community Partnership & Technology_1.pdf; CDDA Grant Proposal_1.docx

In response to your Request of Oct. 9, 2012:

Program Budget: See Attached

Resolutions of Support: In an email dated Oct. 12, 2012, Nicole Bent agreed to allow the Canton District Directors' Association's (CDDA) Resolution of Support to count for all parties

Partnership Agreement: It was acknowledged in an email that this was requested in error as Clinton Co. is not a part of our initiative

Total Number of Validated Partners: See "Resolutions of Support" above, the 23 collaborative partners will be recognized

Other Comments: See Attachment reflecting 23 Counties Budget & Projected Savings

Eileen Dray-Bardon, Director
Columbiana Co. DJFS
7989 Dickey Dr.
Lisbon, OH 44432
330-420-6690

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	SFY 2013	SFY 2014	SFY 2015
CDDA 23 Partners Combined Operating Budget	\$34,094,095.00	\$\$34,094,095.00	\$\$34,094,095.00
Savings from Implementation of Remote Scanning & Full Time Equivalent Position Re-assigned	-0-	\$1,019,280.00	\$1,019,280.00
Program Cost	-0-	\$500,000.00	unknown

Narrative:

Although the 23-county budget may vary county to county, it is anticipated that, in general, based on state and federal allocations, the funding levels will remain relatively flat through June 2015.

Each county has estimated the number of employees which could be re-assigned based on time saved by off-site scanning. Across 23 counties, approximately 21 positions could be saved with each position valued at approximately \$48,537.00.

An estimated \$500,000.00 will be invested in the solution proposal.

The Canton District Directors' Association (CDDA) will partner with Northwoods Consulting Partners, Inc. (Northwoods) to complete and submit an application for grant funding under the Ohio Department of Development Local Government Innovation Fund (LGIF) initiative. The application will be a funding request for CDDA to partner with Northwoods to execute a feasibility study to determine the return on investment of implementing a solution for capturing verification documents using partners and systems in coordination with the state and Job & Family Services case management and document management systems.

The feasibility study will determine the viability of a solution that allows documents to be transmitted electronically from community partners, benefit applicants and re-determination applicants to JFS agencies affiliated with the Canton District.

The study will review the following systems (but are not limited to) as pertaining to the submission of documents necessary for application processing:

- ODJFS E-Gateway
- CDJFS Web sites
- Outside solutions
- Mobile Devices
- Community Outreach Partners

The application processing documents to be included in the study include, but are not limited to:

- Payroll verifications
- Residency verifications
- Utility verifications
- Enumeration documents

Northwoods will work with CDDA to write and complete one grant application for \$100,000, with a focus on creating more efficient and effective service delivery amongst the CDDA member counties to their local constituents. These technologies will also facilitate the provision of services that will provide opportunity for collaboration for life, safety, and security related issues (e.g. natural disaster, labor actions, coverage for hospitals / nursing home liaising, etc.).

The grant application will target 2 of the 4 approaches the LGIF application stipulates:

- Efficiency: One entity that is planning and/or implementing a project that employs process improvements to reduce the expenditure of resources on specific responsibilities at the same level of effectiveness as in the past three years
- Shared Services: More than one entity planning and/or implementing a project that is service oriented to achieve greater efficiency in combined service delivery

The application approaches for Coproduction and Merger will not be a part of the application nor goal of the resulting feasibility study.

The result of the feasibility study will be to produce a deliverable that identifies, compares and contrasts implementation options (stand alone procurement / shared procurement / 3rd party hosted offerings). Included in the implementation options will be consideration for: Return on Investment (ROI), ongoing costs, ease of implementation / administration / support, replicability and scalability.

Application Assumptions:

- CDDA will obtain all necessary approvals and sign-offs
- CDDA will facilitate completion of the application by providing necessary information and /or documentation as required by the application
- Goal of July 1, 2012 for completion of application draft

CDDA Budget 2009

	INCOME	2007	2008	proposed 2009	ACTUALS	Time Frame	Percentage
1	Balance Forward			\$128,646.69			
2	Annual Dues	\$303,710.00	\$322,166.25	\$340,368.75	\$325,430.25	All Year	95.61%
3	Annual Conference	\$228,788.90	\$241,470.00	\$184,000.00	\$188,095.00	March-July	101.31%
4	Training Registration	\$86,395.00	\$94,000.14	\$53,000.00	\$16,870.00	Jan-Nov	32.00%
5	GS Registration	\$5,812.50	\$5,337.50	\$15,000.00	\$13,100.00	All Year	87.30%
6	Sponsorships	\$14,850.00	\$14,207.02	\$10,000.00	\$7,500.00	All Year	75.00%
7	Interest	\$17,347.49	\$14,210.67	\$10,000.00	\$3,191.09	Monthly	31.90%
8	Associate Membership	\$4,000.00	\$3,000.00	\$3,000.00	\$0.00	Feb-May	0.00%
9	Income TOTAL	\$660,903.89	\$694,391.58	\$615,368.75	\$554,186.34		89.80%
10							
11	EXPENSE						
12	Administrative						
13	Rent	\$57,478.87	\$54,882.10	\$58,057.68	\$37,974.08	Monthly	65.40%
14	Parking	\$9,726.00	\$9,219.00	\$9,000.00	\$6,348.00	Monthly	75.00%
15	Equipment, Tech & Maint.	\$5,915.83	\$10,251.52	\$12,247.90	\$2,126.19	All Year	17.30%
16	Office	\$5,633.57	\$6,196.04	\$6,200.00	\$3,327.43	All Year	56.60%
17	Membership Dues	\$2,856.26	\$2,545.43	\$3,230.00	\$3,853.60	All Year	119.40%
18	Consultants						
18a	Collamore	\$72,360.00	\$74,580.00	\$84,192.00	\$56,128.00	Monthly	66.70%
18b	Waterman	\$51,252.00	\$53,012.32	\$0.00	\$4,375.00	Monthly	
18c	Springboard/ Fimiani	\$0.00	\$25,000.00	\$0.00	\$0.00		
18d	Attorney fees	\$0.00	\$618.75	\$500.00	\$765.00	All Year	153.00%
18e	CPA/ Audit	\$6,000.00	\$2,750.00	\$0.00	\$0.00		
18f	Technical	\$0.00	\$1,000.00	\$1,500.00	\$0.00	All Year	0.00%
18g	Scheid	\$10,055.82	\$0.00	\$0.00	\$0.00		
19	Accounting	\$4,217.23	\$4,128.16	\$4,200.00	\$1,417.35	Quarterly	33.70%
20	Travel	\$3,748.34	\$5,932.42	\$6,000.00	\$3,353.87	All Year	55.90%
21	Miscellaneous	\$731.77	\$1,067.03	\$1,100.00	\$2,236.77	All Year	203.30%
22	subtotal	\$229,975.69	\$251,182.77	\$186,227.58	\$121,905.29		65.46%
23							
24	Personnel						
25	Gross Wages	\$226,036.11	\$264,640.39	\$200,378.00	\$116,449.76	Twice a month	58.12%
26	Insurance	\$9,862.00	\$8,227.33	\$6,349.56	\$4,374.38	Monthly	68.90%
27	Retirement	\$14,254.18	\$25,007.20	\$15,388.60	\$2,818.74	Monthly	18.31%
28	Payroll Taxes	\$17,731.79	\$19,994.91	\$16,808.52	\$9,378.93	Twice a month	55.79%
29	subtotal	\$267,884.08	\$317,869.83	\$238,924.68	\$133,021.81		55.68%
30							
31	Programs						
32	Annual Conference	\$79,429.61	\$79,238.32	\$90,000.00	\$68,609.65	March-Sept	125.30%
33	Trainings	\$62,637.17	\$49,090.06	\$45,000.00	\$17,702.61	All Year	39.30%
34	General Session	\$10,537.08	\$13,759.03	\$14,000.00	\$8,514.09	Feb-Dec.	60.80%
35	Meetings	\$4,388.30	\$3,653.62	\$3,600.00	\$1,634.66	All Year	45.00%
36	Hospitality	\$8,266.51	\$9,477.17	\$9,477.17	\$5,196.27	Feb-Dec.	54.90%
37	Retiree events	\$375.00	\$2,715.21	\$500.00	\$0.00	All Year	0.00%
38	subtotal	\$165,633.67	\$157,933.41	\$162,577.17	\$101,657.28		89.70%
39							
40	Expense TOTAL	\$665,402.31	\$722,003.42	\$581,050.07	\$399,998.28		68.80%

Certification of In-Kind Match

LGIF

Project Name: Community Partnership & Technology Initiative

Lead Applicant: Columbiana County Job & Family Services

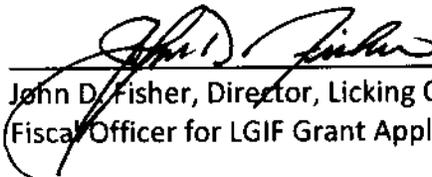
Fiscal Officer: Licking County Job & Family Services

\$14,875In-Kind Match from initial Modernization Study which formulated the basis for this grant application.

\$5,000 (minimum).....In-Kind Match from CJFS partner Agencies for staff involvement/activities related to grant

_____ Total In-kind
\$19,875 (minimum)

I certify that the minimum of \$19,875 in In-Kind Match, as noted above, will and has been supportive of this grant application.



John D. Fisher, Director, Licking County JFS
Fiscal Officer for LGIF Grant Application

Subscribed and sworn to in my presence by John Fisher this 22nd day of August year 2012.

Signed Lucinda M. Fawcett

My commission expires: LUCINDA M. FAWCETT
Notary Public, State of Ohio
My Commission Expires November 8, 2013

Canton District Director's Association Budget 2010

OJFSDA BUDGET CY 2010
EXPENDITURES

OJFSDA BUDGET CY 2010
INCOME

ITEM	BUDGET	EXPENDED JAN-DEC	OBLIGATIONS PD CY11	TOTAL JAN-DEC	ITEM	BUDGET	INCOME RECD JAN-DEC	INCOME DUE JAN-DEC	TOTAL INCOME JAN-DEC	CY11 Dues Recd
RENT	\$60,393.12	\$53,963.38		\$53,963.38	ANNUAL DUES	\$357,982.50	\$359,829.50	\$4,746.25	\$364,575.75	\$79,703.90
PARKING	\$10,820.00	\$9,074.00	\$797.00	\$9,871.00	ANNUAL CONF.	\$182,666.46	\$217,520.19		\$217,520.19	
EQUIP/TECH/MAINT	\$7,178.00	\$6,143.41	\$0.00	\$6,143.41	Sleeping Rooms	\$45,000.00	\$42,625.57	\$497.92	\$43,123.49	
OFFICE SUPPLIES	\$11,686.88	\$12,080.25	\$0.00	\$12,080.25	TRNG/REGIST	\$49,920.00	\$27,485.00	\$36,920.00	\$64,405.00	
MEMBERSHIPS	\$3,655.00	\$3,732.05	\$0.00	\$3,732.05	GEN SESSIONS	\$12,000.00	\$14,900.00	\$500.00	\$15,400.00	
					SPONSORSHIPS	\$3,000.00	\$10,500.00		\$10,500.00	
COLLAMORE CONT.	\$84,192.00	\$84,192.00	\$0.00	\$84,192.00	INTEREST	\$500.00	\$2,108.61		\$2,108.61	
AUDIT	\$10,000.00	\$8,750.00	\$0.00	\$8,750.00						
ACCOUNTING	\$4,050.00	\$5,445.11	\$0.00	\$5,445.11	TOTAL	\$651,068.96	\$674,968.87	\$42,664.17	\$717,633.04	
TRAVEL	\$7,137.37	\$5,319.18	\$0.00	\$5,319.18						
MISC.	\$3,500.00	\$1,064.68	\$0.00	\$1,064.68						
WAGES	\$194,612.64	\$192,114.49	\$0.00	\$192,114.49						
RETIREMENT	\$34,349.26	\$35,076.69	\$0.00	\$35,076.69						
HEALTH INS.	\$5,615.00	\$7,831.82	\$0.00	\$7,831.82						
WORKERS COMP/UI	\$2,285.00	\$1,038.27	\$0.00	\$1,038.27	CASH ON HAND as of December 31, 2010		\$374,257.53			
ANNUAL CONFERE.	\$69,281.00	\$69,183.07	\$0.00	\$69,183.07	FIXED INCOME Balance as of Dec 31, 2010		\$59,568.00			
Sleeping Rooms	\$45,000.00	\$43,123.49	\$0.00	\$43,123.49						
TRAININGS	\$26,420.00	\$35,069.62	\$0.00	\$35,069.62						
GEN SESSIONS	\$20,000.00	\$21,133.55	\$0.00	\$21,133.55	TOTAL ASSETS		\$433,825.53			
MEETINGS	\$4,000.00	\$9,544.01	\$0.00	\$9,544.01						
HOSPITALITY	\$3,600.00	\$2,712.96	\$277.20	\$2,990.16						
RETIREE EVENTS	\$500.00	\$29.00	\$0.00	\$29.00						
TOTALS	\$608,275.27	\$606,621.03	\$1,074.20	\$607,695.23						

OJFSDA BUDGET CY 2011
EXPENDITURES

ITEM	BUDGET	EXPENDED thru Dec.	OBLIGATIONS THRU DEC	TOTAL thru Dec.
RENT	\$ 60,393.12	\$ 51,977.93		\$ 51,977.93
PARKING	\$ 10,300.00	\$ 10,742.50		\$ 10,742.50
EQUIP/TECH/MAINT	\$ 7,178.00	\$ 10,154.87		\$ 10,154.87
OFFICE SUPPLIES	\$ 12,425.00	\$ 13,463.19		\$ 13,463.19
MEMBERSHIPS	\$ 3,700.00	\$ 3,070.00		\$ 3,070.00
COLLAMORE CONT.	\$ 84,192.00	\$ 84,132.00		\$ 84,132.00
Colwell Contract	\$ 21,000.00	\$ 21,000.00		\$ 21,000.00
Canton District Project	\$ 30,000.00	\$ 29,750.00		# \$ 29,750.00
AUDIT	-	\$ -		\$ -
ACCOUNTING	\$ 5,877.00	\$ 4,032.93		\$ 4,032.93
TRAVEL	\$ 7,137.37	\$ 10,155.28		\$ 10,155.28
MISC.	\$ 3,500.00	\$ 2,023.18		\$ 2,023.18
WAGES	\$ 194,612.64	\$ 202,127.32		\$ 202,127.32
RETIREMENT	\$ 34,349.26	\$ 33,501.65		\$ 33,501.65
HEALTH INS.	\$ 11,044.00	\$ 8,140.50		\$ 8,140.50
WORKERS COMP/UI	\$ 2,285.00	\$ 949.36		\$ 949.36
ANNUAL CONFERE.	\$ 69,281.00	\$ 76,760.27		\$ 76,760.27
Sleeping Rooms	\$ 45,000.00	\$ 48,921.80		\$ 48,921.80
TRAININGS	\$ 27,500.00	\$ 23,461.53		\$ 23,461.53
GEN SESSIONS	\$ 22,000.00	\$ 17,436.90		\$ 17,436.90
MEETINGS	\$ 6,000.00	\$ 10,148.98		\$ 10,148.98
HOSPITALITY	\$ 3,600.00	\$ 2,889.68		\$ 2,889.68
RETIREE EVENTS	\$ 500.00	\$ 441.84		\$ 441.84
TOTALS	\$ 661,874.39	\$ 665,281.71		\$ 665,281.71

OJFSDA BUDGET CY 2011

COJFSDA BUDGET CY 2011

INCOME								
ITEM	BUDGET	INCOME RECD thru December	CY 11 Income Rcvd in CY 10	CY '10 pmts Rcvd in CY'11	CY 12 Income Rcvd in CY11	TOTAL CY11 INCOME thru Dec	INCOME DUE thru Dec	
ANNUAL DUES	\$ 568,069.39	\$ 443,645.12	\$120,948.54		\$136,328.87	\$ 700,922.53	\$ 4,909.54	
ROOM REIMBURSE	\$ 45,000.00	\$ 48,921.80				\$ 48,921.80	\$ -	
Canton Dist Project	\$ 30,000.00	\$ 30,000.00				\$ 30,000.00	\$ -	
ANNUAL CONF.	\$ -	\$ 122,863.80				\$ 122,863.80	\$ -	
TRNG/REGIST	\$ -	\$ 12,944.98		\$36,000.00		\$ 48,994.98	\$ -	
GEN SESSIONS	\$ -	\$ -				\$ -	\$ -	
SPONSORSHIPS		\$ 6,000.00				\$ 6,000.00	\$ -	
INTEREST		\$ 1,229.12				\$ 1,229.12	\$ -	
TOTAL	\$ 643,069.39	\$ 665,599.41	\$120,948.54	\$36,000.00	\$136,328.87	\$ 958,926.82	\$ 4,909.54	
TOTAL INCOME		\$ 958,926.82						
Cash on Hand as of Dec 31, '11		\$ 628,288.35						
FIXED INCOME as of Dec 31,'11		\$ -						
TOTAL ASSETS		\$ 628,288.35						

1/6/2012

Resolution of Support from Ohio Job and Family Services Director's Association Authorizing the Canton District Director's Association based out of Canton, Ohio to Apply for a Local Government Innovation Fund Grant

WHEREAS, the **Local Government Innovation Fund Grant** presents the Canton District Director's Association with a unique opportunity to conduct feasibility studies on shared core service technologies: 1) shared content management and 2) shared telephony services, that are required for the day to day support of County Department of Job and Family Service agencies and client interactions; and

WHEREAS, County Department of Job and Family Service agencies strive to provide excellent customer service, accurate and timely information, succinct program knowledge and efficient means of providing accurate information; and

WHEREAS, the Ohio Job and Family Services Director's Association fully supports the goals and mission of the Canton District Director's Association to improve the well-being of Ohio's workforce and families by promoting economic self-sufficiency and ensuring the safety of Ohio's most vulnerable citizens;

WHEREAS, Local Government Innovation Fund Grants, if approved, will provide resources to the Canton District Director's Association to undertake a detailed feasibility study to identify new core service technology opportunities that further efficiencies, shared services and potential for coproduction;

NOW, THEREFORE, BE IT RESOLVED, that the Ohio Job and Family Services Director's Association, authorizes the submission of the aforementioned Local Government Innovation Fund Grant applications by the Canton District Director's Association; and,

BE IT FURTHER RESOLVED, that the Columbiana County Director is authorized on behalf of the Ohio Job and Family Services Director's Association to prepare and submit documents and serve as the contact between the Canton District Director's Association and the Ohio Department of Development on the aforementioned Local Government Innovative Fund Grant.

On behalf of: Ohio Job and Family Services Director's Association

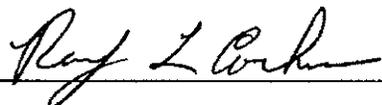
Name / Title	Signature	Date Signed
JOEL POTTS EXECUTIVE DIRECTOR OHIO JOB & FAMILY SERVICES DIRECTORS' ASSOC.		8/14/12

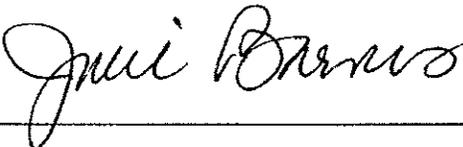
**Resolution of Support from Ohio Job and Family Services Director's
Association Authorizing the Canton District Director's Association based out of Canton,
Ohio to Apply for a Local Government Innovation Fund Grant**

On behalf of: Canton District Director's Association, Executive Steering Coming:

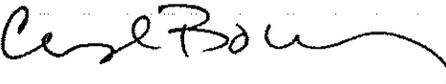
Name / Title	Signature	Date Signed
Kathy Jamiel Director GDJFS		8/7/12

Name / Title	Signature	Date Signed
John D. Fisher Director Licking COJFS		8/7/12

Name / Title	Signature	Date Signed
Randy L. Cochran Director Muskingum COJFS		8/7/12

Name / Title	Signature	Date Signed
Julie Barnes Director Stark JFS		8/7/12

Name / Title	Signature	Date Signed
Kate Offenberger Director Carroll Co JFS		8/7/12

Name / Title	Signature	Date Signed
Cheryl Boley Director Perry County JFS		8.7.12

12

**PARTNERSHIP AGREEMENT
of the
Canton District Director's Association**

This AGREEMENT of PARTNERSHIP is made as of August 2, 2012 by and between Ashland, Belmont, Carroll, Columbiana, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Knox, Licking, Mahoning, Monroe, Morgan, Muskingum, Noble, Perry, Portage, Richland, Stark, Tuscarawas, Washington and Wayne County Departments of Job and Family Services, under the direction of the Ohio Job and Family Services Director's Association, whose participation and acceptance of this partnership agreement is authorized through the resolution of support dated August 2, 2012, from the Ohio Job and Family Services Directors Association, signed by Joel Potts, Director of the Ohio Job and Family Services Directors Association.

I. Formation

The undersigned hereby forms a General Partnership in, and in accordance with the laws of, the State of Ohio.

II. Reason

The reason for the establishment of this Partnership by the 23 members of the Canton District Director's Association is to cooperatively and jointly pursue the Local Government Innovation Fund Grants for feasibility studies of: 1) shared content management technology and 2) shared telephony services, both technologies are required for the day to day support of County Department of Job and Family Service agencies and client interaction, and through sharing of technology will optimize and efficiently use resources and improve the level of service and overall constituent experience. If approved by the Ohio County Department of Development, then this association of participating counties will commission the feasibility studies.

III. Term

The Partnership shall begin as of August 2, 2012 and shall continue until completion of the feasibility studies, as granted and funded by the Local Government Innovation Fund Grant.

IV. Management

Except as otherwise determined, all major decisions shall be made by the Canton District's Director Association, where all other operations of this Partnership shall be made by a Steering Committee, comprised of 6 counties: Columbiana, Guernsey, Licking, Muskingum, Perry and Stark County Departments of Job and Family Services.

V. Meetings

Meetings shall be held on a frequency and at a location as determined by the participating members of the Partnership.

VI. Matching Funds

Resources and labor hours expended by partners in the exploratory phase of applying for the Local Government Innovation Fund and during the execution of the study shall be tracked and utilized to satisfy the matching funds provision.

**PARTNERSHIP AGREEMENT
of the
Canton District Director's Association**

VII. No Compensation

No Partner shall be compensated or reimbursed for services or expenses incurred during participation by this partnership.

VII. Voluntary Withdrawal (Partial or Full) of a Partner

Any Partner may withdraw from the Partnership, and the Partnership shall continue as originally set herein. If written notice is received between meetings, it will be treated as received at the first following meeting.

The Partners have caused that this Agreement of Partnership is to be executed on the dates indicated below, effective as of the date indicated above.

Partner (Agency & Title)	Signature	Date Signed
Ashland County Dept. of Job and Family Services	<i>[Signature]</i>	8/14/12
Belmont County Dept. of Job and Family Services	<i>[Signature]</i>	8-21-12
Carroll County Dept. of Job and Family Services	<i>[Signature]</i>	8/1/12
Columbiana County Dept. of Job and Family Services	<i>[Signature]</i>	8/22/12
Coshocton County Dept. of Job and Family Services	<i>[Signature]</i>	8/8/12
Guernsey County Dept. of Job and Family Services	<i>[Signature]</i>	8/7/12
Harrison County Dept. of Job and Family Services	<i>[Signature]</i>	08-15-12
Holmes County Dept. of Job and Family Services	<i>[Signature]</i>	8/22/12
Jefferson County Dept. of Job and Family Services	<i>[Signature]</i>	8-23-12
Knox County Dept. of Job and Family Services	<i>[Signature]</i>	8/7/12
Licking County Dept. of Job and Family Services	<i>[Signature]</i>	8/7/12
Mahoning County Dept. of Job and Family Services	<i>[Signature]</i>	8/7/12

**PARTNERSHIP AGREEMENT
of the
Canton District Director's Association**

Partner (Agency Name)	Signature	Date Signed
Monroe County Dept. of Job and Family Services	<i>Jeanette L. Harten</i>	8/7/12
Morgan County Dept. of Job and Family Services	<i>Vicki Cressberry</i>	8/21/12
Muskingum County Dept. of Job and Family Services	<i>Ray L. Corbin</i>	8-7/12
Noble County Dept. of Job and Family Services	<i>Mindy Harding</i>	8/21/12
Perry County Dept. of Job and Family Services	<i>Cheryl Bolan</i>	8-7-12
Portage County Dept. of Job and Family Services	<i>Judith J. Smith</i>	8-21-12
Richland County Dept. of Job and Family Services	<i>[Signature]</i>	8/12
Stark County Dept. of Job and Family Services	<i>Julie Brown</i>	8/7/12
Tuscarawas County Dept. of Job and Family Services	<i>A. McKinstry</i>	8/21/12
Washington County Dept. of Job and Family Services	<i>John E. Brown</i>	8/21/12
Wayne County Dept. of Job and Family Services	<i>Richard Brown</i>	08/07/2012

Lead Applicant	Columbiana County Department of Job & Family Services	Round 3	
Project Name	Community Partnership & Technology Initiative	Type of Request	Grant

Program Budget

Actual <input type="checkbox"/> Projected <input checked="" type="checkbox"/>	FY 2013	FY 2014	FY 2015
Expenses	Amount	Amount	Amount
Salary and Benefits	\$366,669	\$377,670	\$389,000
Contract Services	\$30,000	\$30,000	\$30,000
Occupancy (rent, utilities, maintenance)	\$70,853	\$72,500	\$75,000
Training and Professional Development	\$179,656	\$185,000	\$190,000
Insurance	\$0	\$0	\$0
Travel	\$12,960	\$13,500	\$14,000
Capital and Equipment Expenses	\$11,428	\$11,500	\$12,500
Supplies, Printing, Copying, and Postage	\$14,542	\$15,000	\$15,500
Evaluation			
Marketing	\$4,100	\$4,500	\$5,000
Conferences, meetings, etc.			
Administration	\$13,377	\$5,500	\$6,500
*Other - _____			
*Other - _____			
*Other - _____			
TOTAL EXPENSES	\$703,585	\$715,170	\$737,500
	Revenues	Revenues	Revenues
Contributions, Gifts, Grants, and Earned Revenue			
Local Government: _____			
Local Government: _____			
Local Government: _____			
State Government			
Federal Government			
*Other - _____			
*Other - _____			
*Other - accommodation fees	\$45,000	\$45,000	\$45,000
Membership Income	\$658,585	\$670,170	\$692,500
Program Service Fees			
Investment Income			
TOTAL REVENUES	\$703,585	\$715,170	\$737,500

Lead Applicant		Columbiana County Department of Job & Family Services	Round 3	
Project Name		Community Partnership & Technology Initiative	Type of Request	Grant

Program Budget

Use this space to justify the program budget and/or explain any unusual revenues or expenses (6000 characters max).

The Program Budget (both actual and proposed) is for the JFS Directors Association, which is the "umbrella" agent that coordinates and assembles the partners. As such, this budget does not represent the operating budget of the 23 counties. However, resulting cost savings from the implementation of the Feasibility Study results, would affect each of the individual collaborating partners direct service delivery costs.

This update completes the "Projected" budget for the JFS Directors Association.

Section 4: Financial Information Scoring

- | | |
|--------------------------|---|
| <input type="checkbox"/> | (5 points) Applicant provided complete and accurate budget information and narrative justification for a total of six fiscal years. |
| <input type="checkbox"/> | (3 points) Applicant provided complete and accurate budget information and for at least three fiscal years. |
| <input type="checkbox"/> | (1 point) Applicant provided complete and accurate budget information for less than three fiscal years. |



5815 Wall Street
Dublin, OH 43017

614-781-7800
teamnorthwoods.com

LETTER OF INTENT

Northwoods Consulting Partners, Inc. (hereinafter referred to as "Northwoods") and the Job and Family Services Departments affiliated with the Canton District (hereinafter referred to as "Canton District"), pursuant to this Letter of Intent, have agreed to work together to obtain funding for a feasibility study to determine the return on investment of implementing a solution for capturing verification documents using partners and systems in coordination with the state and Job & Family Services case management and document management systems.

For the purposes of this agreement, the Canton District affiliation includes the following county JFS offices: Ashland, Belmont, Carroll, Columbiana, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Knox, Licking, Mahoning, Monroe, Morgan, Muskingum, Noble, Perry, Portage, Richland, Stark, Tuscarawas, Washington, and Wayne. Particularly, the Canton District has requested Northwoods prepare an application on behalf of the Canton District to obtain a Local Government Innovation Fund ("LGIF") from the State of Ohio.

In consideration of the time and expense to be incurred by Northwoods in preparing an application and proposal for a LGIF on behalf of the Canton District, the Canton District agrees to the following:

1. If the Canton District is awarded the LGIF grant, the Parties will enter into a Purchase Agreement for Northwoods to complete the proposed feasibility study ("Project"), the terms of which will be separately negotiated and executed no later than thirty (30) days after the award of the LGIF.
2. If the Canton District is not awarded the LGIF, this Letter of Intent is void *ab initio*.
3. If at any time prior to the execution of a Purchase Agreement, the Canton District decides not to pursue the LGIF funding, the Canton District will reimburse Northwoods for its actual costs incurred as a result of preparing the LGIF application, such costs not to exceed Eight Thousand Dollars (\$8,000.00). Northwoods will send an invoice for the time spent preparing the LGIF application directly to the Wayne County Department of Job and Family Services ("Wayne JFS"), in care of Richard Owens (Treasurer, Canton District), which will serve as the representative fiscal entity for the Canton District for purposes of this agreement. Payment will be due within thirty (30) days after receipt of that invoice.

This letter and the agreement(s) contained herein are intended to constitute a binding agreement between the parties with respect to the subject matter hereof.

This letter may not be amended or modified except in a writing signed by both parties.

Acknowledged and Agreed to this ___ day of April, 2012:



5815 Wall Street
Dublin, OH 43017

614-781-7800
teamnorthwoods.com

NORTHWOODS CONSULTING PARTNERS, INC.

Gary Heinze, President/CEO
Northwoods Consulting Partners, Inc.
5815 Wall Street
Dublin, Ohio 43017

CANTON DISTRICT AUTHORIZED REPRESENTATIVE

Eileen Dray-Bardon
District President, Canton District
Director, Columbiana County Department of Job and Family Services
110 N. Nelson Avenue
Lisbon, Ohio 44432