



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	<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		

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 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		

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	
				<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	
				<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	
				<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	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

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		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<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	
				<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	
				<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		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 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		

Section 4
List of 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 can be replicated by other local governments or scaled for the inclusion of other local governments. (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%; height: 20px;" type="text"/>
Source: _____	<input style="width: 100%; height: 20px;" type="text"/>
Source: _____	<input style="width: 100%; height: 20px;" type="text"/>
Source: _____	<input style="width: 100%; height: 20px;" type="text"/>

In-Kind Match (List Sources Below):

Source: _____	<input style="width: 100%; height: 20px;" type="text"/>
Source: _____	<input style="width: 100%; height: 20px;" type="text"/>
Source: _____	<input style="width: 100%; height: 20px;" type="text"/>

Total Match:
Total Sources:

Uses of Funds

	<u>Amount</u>	<u>Revenue Source</u>
Consultant Fees: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Legal Fees: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" 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 any expenses that are not self-explanatory.

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			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>State Government</i>			
<i>Federal Government</i>			
*Other - _____			
*Other - _____			
*Other - _____			
<i>Membership Income</i>			
<i>Program Service Fees</i>			
<i>Investment Income</i>			
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 usual 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

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

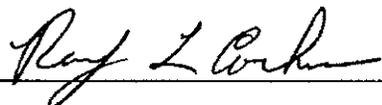
Name / Title	Signature	Date Signed
JOEL POTTS EXECUTIVE DIRECTOR OHIO JOB & FAMILY SERVICES DIRECTORS' ASSOC.		8/14/12

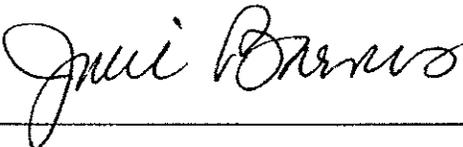
**Resolution of Support from Ohio Job and Family Services Director's
Association Authorizing the Canton District Director's Association based out of Canton,
Ohio to Apply for a Local Government Innovation Fund Grant**

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

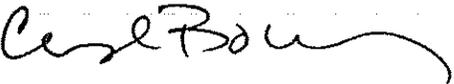
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of the
Canton District Director's Association**

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Wayne County Dept. of Job and Family Services	<i>Richard Brown</i>	08/07/2012

Certification of In-Kind Match

LGIF

Project Name: Community Partnership & Technology Initiative

Lead Applicant: Columbiana County Job & Family Services

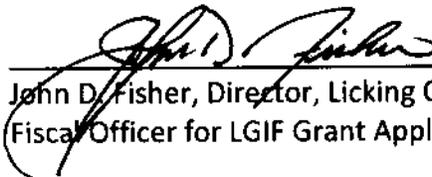
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_____ Total In-kind
\$19,875 (minimum)

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

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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.

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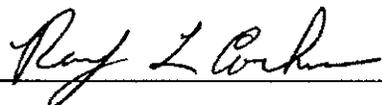
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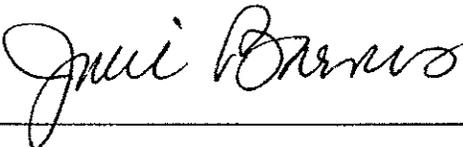
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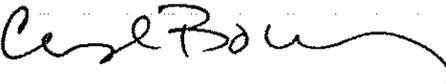
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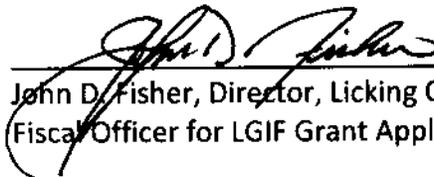
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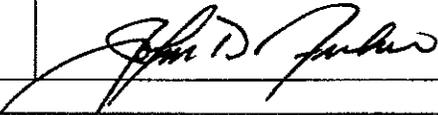
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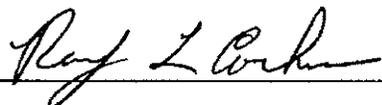
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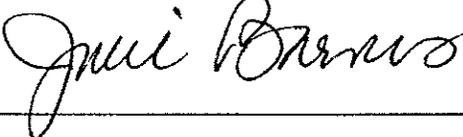
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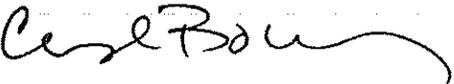
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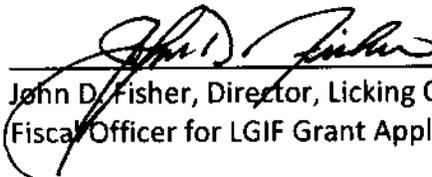
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Signed Lucinda M. Fawcett

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

Bent, Nicole

From: EILEEN BARDON <BARDOE@odjfs.state.oh.us>
Sent: Tuesday, October 23, 2012 9:19 AM
To: lgif
Subject: Cure - Standardize to Serve (STS)
Attachments: Standardize to Serve.pdf; CDDA Grant Proposal 2_1.docx

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

Request: Please revise the Lead Applicant - Should read:
Columbiana County Department of Job and Family Services

Program Budget: See Attached

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

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

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

Thank you

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

This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain private, confidential, and/or privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, employee, or agent responsible for delivering this message, please contact the sender by reply e-mail and destroy all copies of the original e-mail message.

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Lead Applicant	Columbiana County Department of Job & Family Services	Round 3	
Project Name	Standardize to Serve (STS)	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	Standardize to Serve (STS)	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

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

CDDA	SFY 2013	SFY 2014	SFY 2015
23 Partners combined Operating Budgets	\$34,094,095.00	\$34,094,095.00	\$34,094,095.00
Savings from Non-duplicated Purchase of Equipment	-0-	\$ 3,000,000.00	-0-
Savings from Non-duplicated Maintenance Costs	-0-	\$ 900,000.00	\$ 900,000.00
Savings Resulting from Cost Avoidance for Additional Staff	-0-	\$ 500,000.00	\$ 500,000.00
Savings from Re-allocation of Existing Staff		\$ 290,500.00	\$ 315,000.00
Total Savings		\$4,690,500.00	\$1,715,000.00
Program Cost		\$4,080,040.00	

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.

Counties have explored and have obtained estimated costs of upgrading telephony individually and find that there is merit both financially and operationally in doing it as a group. The cost of ongoing maintenance for the service would be cost prohibitive to the 7 member counties with populations of less than 50,000.

Savings in human resources are found in 1) cost avoidance by eliminating the need to hire more staff to keep up with the current demand for services coupled with the anticipated increased demand and 2) the efficiencies produced which will enable the re-allocation of existing staff to new and expanded duties.