

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	
				<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	
				<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 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	
				<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	

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	

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	

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	

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: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<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)
--	---

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



Village of New Lexington
215 S. Main Street
New Lexington, OH 43764

VILLAGE OF NEW LEXINGTON
COLLABORATIVE PARTNERSHIP WITH PERCO, INC.

The Village of New Lexington supports the Perco Biogas Project. This project, once fully operational, will enable the Village of New Lexington to reduce their cost of natural gas and their overall operational cost of the wastewater treatment facility.

The reduced cost of natural gas, and also the reduction of electricity at the wastewater treatment plant, would be a cost agreed upon by the Village of New Lexington and Perco, Inc.

Perco will benefit from this collaborative partnership as a result of newly created job opportunities for Perry County Developmentally Disabled clients. The Perry County job market in general will benefit from newly created job opportunities that are not appropriate for the DD population.

Perco's intent for this collaborative partnership is to make possible a very significant cost savings for the Village of New Lexington while creating new job opportunities for the county.

Scott A. Bryant
Administrative Director
August 30, 2012

Board of Perry County Commissioners

P.O. Box 248 121 W. Brown Street
New Lexington, Ohio 43764
Telephone : 740-342-2045 Fax: 740-342-5505
E-mail: perryco@perrycountyohio.net



PERRY COUNTY COMMISSIONS COLLABORATIVE PARTNERSHIP WITH PERCO, INC.

The Perry County Commissioners support the Perco Biogas Project. Perry County government can benefit financially from this collaborative partnership, once the project is fully operational. This benefit is possible by the county purchasing natural gas requirements from the Perco Biogas Project. The Perry County Commissioners and Perco, Inc would agree upon a reduced cost of the natural gas.

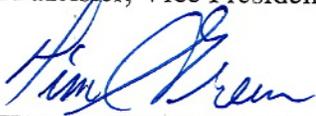
Perco's intent is to be able to significantly decrease the cost of natural gas for Perry County government locations, while realizing job opportunities, created and supported by this partnership. Those newly created job opportunities will be available to Perco developmentally disabled "clients" as well as to other job seekers. Those DD clients filling appropriate job openings will be doing so in a NON-supported employment structure. No Government Dollars but rather, traditional community employment.



Fred Shriner, President



Ed Keister, Vice President



Tim Green, Member

Hocking Valley Industries, Inc.

Hocking Valley Industries Sheltered
Workshop & Cleaning Service
15663 St. Rt. 595
P.O. Box 64
Logan, Ohio 43138
Phone (740) 385-2118 Fax (740) 385-5251

8/28/2012

Hocking Valley Industries (HVI) is a not-for-profit, 501-C-3 organization operating in Hocking County. HVI is directed by a nine member board that oversees the services provided at 15663 State Route 595 Logan, Ohio 43138. It is the mission of the Hocking County Board of DD and HVI to provide quality services, which support self directed choices and assist every individual in achieving their fullest potential. Currently, there are 75 enrollees who take part in these specialized services.

It is HVI's direction to move from a service model to a modified business model to help offer quality services with a sustainable financial future. HVI is always on the lookout for business opportunities and potential collaboration with other organizations that can aid in a stable financial future.

HVI understands and supports the PerCo Biogas Project. It is believed HVI can benefit from a collaboration partnership with PerCo, Inc. by studying the impact of a small on-site sewer system. This collaboration has potential for HVI in several ways. Incorporating a bio-digester with the septic system could offset the utility cost of the existing building and any future structures. Also, a bio-system at the HVI location will create jobs for people with disabilities.

Ronald A. Spung

Adult Services Director

PerCo Incorporated

2235 State Route 13 NE
New Lexington, OH 43764
Phone (740) 342-5156
Fax (740) 342-3255

8/23/2012

To Whom It May Concern,

PerCo, Incorporated is a not-for-profit organization in Perry County that provides vocational training and support services to people with disabilities. It is PerCo's mission to provide meaningful vocational opportunities to people with disabilities. Currently, there are 85 employees who take part in these specialized services.

One area that makes PerCo a strong community entity is its recycling program. PerCo manages the recycling collection for all of Perry County through collaboration with the Perry County Commissioners and CFLP Solid Waste District. The employees of PerCo participate in all aspect of the job through collecting, sorting and processing material from various drop sites throughout the county.

As an operation focusing on recycling and green projects, it is with great excitement for PerCo to support the bio-digester project as presented. The opportunity to expand in the area of recycling, and to partner with other programs and operations will only enhance the development of PerCo's mission. The bio-digester project can offer viable and long term sustainable jobs for people with disabilities, while providing a valuable service to the environment. It's a win-win opportunity for all involved.

Thank you for your consideration to support the bio-digester project.

Ronald A. Spung

PerCo Director

[Site Map](#) | [RSS](#) | [Forms](#) | [Translate Web site](#) | [Contact Us](#)



[Business and Industry](#) | [Communities](#) | [Research](#) | [Technology](#) | [News](#) | [Ohio Third Frontier](#)
Urban Development | Local Government Innovation Fund

Lead Applicant:

Project Name:

Type of Request: Grant Loan

Category: Economic Development

Funding Request: \$ \$100,000
Grant Awards, \$100,000 maximum; Loan Awards, \$500,000 maximum

Number of Collaborative Partners: 9

Abstract:
Character limit (500 characters)

Upload Application:

- no file selected

Upload Supporting Documents:
All supporting documentation must be combined into one file for upload.

- no file selected

Email Address:

*** Please note that this information may be used in Public documents, Council materials, and Marketing materials.**



[Ohio Means Business Policy, Research, and Strategic Planning Site Selection Ohio Census 2010
Proposed Rules](#)

[Contact Us Press Room](#)

This page was last updated on: **NaN/NaN/NaN**This page was last updated on: **9/4/112**
[Home](#) - [Recovery](#) - [Site Map](#) - [Forms](#) - [Department Reports](#) - [State Agencies](#) - [Press Room](#) -
[Privacy Statement](#) - [Contact Us](#)

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.

Bent, Nicole

From: gil fuleki <gil@fuleki.org>
Sent: Tuesday, October 23, 2012 8:17 AM
To: lgif
Cc: gil@fuleki.org; 'David Couch'; 'Ron Spung'
Subject: CURE--"Waste To Energy & Jobs" Perry County
Attachments: Commissioners Resolution.pdf; img-X22185554-0001.pdf; 10-19-2012 (2).pdf

Attn. Nicole Bent—From Gil Fuleki

Cure Response in order of e-mail dated Oct. 9, 2012—to Ron Spung

1. Return on Investment: \$3,500,000 Total New Revenue over a (3) Yr. Period (per program budget).
$$\frac{\$2,453,500}{\text{Total Program Cost, excluding any grant dollars, (from program budget) over a (3) yr. period.}}$$
Calculated ROI = 140 %

6. Resolutions/ Board Motions ---attached:

1. Perry County Commissionets
2. Perry County DD Board
3. Hocking County DD Board
4. Hocking Valley Industries Board
5. PerCo Board, (will follow on Tues. 10/23 ,before 5:00pm deadline)

7. Partnership agreements: covered under Resolutions/Motions

8. Total number of valid partners--- (5)

9. The LEAD APPLICANT is changed from PerCo, Inc. to The Perry County DD Board.

IMPORTANT NOTE: There will be NO cost to the collaborating partners to realize a reduction in the cost of their energy needs. No special equipment, connection fees or any other cost to participate.

Gil Fuleki—740-621-0209

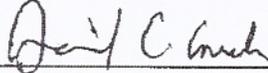


Administrative Offices
1369 E. Front Street
P. O. Box 387
Logan, OH 43138
Ph: (740) 385-6805
Fax: (740) 385-5594

David Couch, Superintendent

H. PerCo has applied for a \$100,000 (one hundred thousand dollar) LGIF grant to expand the bio-digester project. The application will receive additional scoring with "official" collaboration.

12-10-16-11: Be it Resolved that the Hocking County Board of DD support Perry county Board of DD as the lead applicant for the local government innovation fund (LGIF) grant for the PerCo bio-digester project in collaboration with:
The Perry county commissioners
PerCo, Inc.
Hocking Valley Industries
The employment connection
Hocking college
Village of New Lexington
Village of Somerset.
Motion by Bill Henderson seconded by Kirsten Carr
Voting "aye" x voting "nay" _____



Superintendent

10-18-12
Date



**PERRY COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

David C. Couch, Superintendent

Administration
740-342-3542

Service Coordination
740-342-0416

PerCo, Inc.
Adult Services
740-342-5156

Help Me Grow
740-342-7722

Activity Center
740-342-3905

October 18, 2012

Perry County Board of DD
499 North State Street
New Lexington, Ohio 43764

The Perry County Board of Developmental Disabilities met in its Regular Meeting on Monday October 15, 2012 and approved the following:

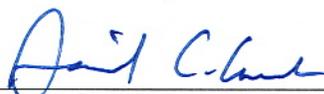
Resolution 2012-10-09

Motion to approve Perry County Board of DD as the lead applicant for the Local Government Innovation Fund (LGIF) grant for the PerCo bio-digester project in collaboration with:

*The Perry County Commissioners
Hocking County Board of DD
Perco, Inc.
Hocking Valley Industries
The Employment Connection
Hocking College
Village of New Lexington
Village of Somerset.*

Motion by: Steve Holekamp

Seconded by Tonya Cline. Motion passed.



Superintendent

10-19-12

Date

PerCo Incorporated

2235 State Route 13 NE
New Lexington, OH 43764
Phone (740) 342-5156
Fax (740) 342-3255

10/19/2012

The PerCo, Incorporated Non Profit Board met in its Regular meeting on Friday, October 19, 2012 and approved the following:

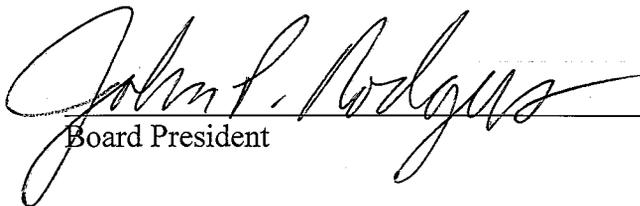
Resolution

Motion to approve PerCo, Incorporated support the Perry County Board of DD as the lead applicant for the local government innovation fund (LGIF) grant for the PerCo bio-digester project in collaboration with:

The Perry County Commissioners
Hocking Valley Industries
The Employment Connection
Hocking College
Village of New Lexington
Village of Somerset

Motion by Pat Chute second by Melissa Marolt

Voting "aye" 7 Voting "nay" 0


Board President

10/22/12
Date

Board of Perry County Commissioners

P.O. Box 248 121 W. Brown Street
New Lexington, Ohio 43764
Telephone : 740-342-2045 Fax: 740-342-5505
E-mail: perryco@perrycountyohio.net



August 31, 2012

The Perry County Commissioners met in a regular session on August 31, 2012 and passed the following resolution.

(12-0831-20)

Moved by Mr. Keister.

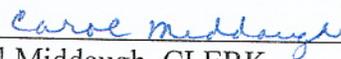
The Perry County Commissioners approves a **Letter of Support** to the Local Government Innovation Fund grant for the Perco Biogas Project.

Seconded by Mr. Green.

With no further discussion, roll call vote taken:

Tim Green : Yes
Ed Keister : Yes
Fred Shriner : Yes

The undersigned Clerk of the Board of Commissioners of Perry County, Ohio, certifies that the foregoing is a true and correct copy of the agreement that the Perry County Board of Commissioners adopted on August 31, 2012 and appearing upon the official records of the Board.



Carol Middaugh, CLERK
Commissioners Office, Perry County, Ohio

Hocking Valley Industries, Inc.

Hocking Valley Industries Sheltered
Workshop & Cleaning Service
15663 St. Rt. 595
P.O. Box 64
Logan, Ohio 43138
Phone (740) 385-2118 Fax (740) 385-5251

10/22/2012

The Hocking Valley Industries Non Profit Board met in its Regular meeting on Monday, October 22, 2012 and approved the following:

Discussion

The Perry County Board and PerCo, Incorporated has applied for a \$100,000 LGIF grant to expand the study of the bio-digester project.

Resolution

Motion to approve that the Hocking Valley Industries Board support the Perry County Board of DD as the lead applicant for the local government innovation fund (LGIF) grant for the PerCo bio-digester project in collaboration with:

The Perry County Commissioners
Hocking County Board of DD
PerCo, Incorporated
The Employment Connection
Hocking College
Village of New Lexington
Village of Somerset

Motion by Elizabeth Rutherford second by Mark Barrell

Voting "aye" 6 Voting "nay" 0



Board President

10/22/12

Date