



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



RICHLAND COUNTY COMMISSIONERS

COUNTY ADMINISTRATION BUILDING
50 PARK AVENUE EAST, MANSFIELD, OH 44902

PHONE (419) 774-5550
FAX (419) 774-5862



Ms. Thea Walsh, Deputy Chief
Ohio Department of Development
Office of Redevelopment
77 South High Street
PO Box 1001
Columbus, Ohio 43216

Re: Letter of Support for Local Government Innovation Fund Application

Dear Ms. Walsh,

The Richland County GIS Consortium was established in the late 1990's between a few local government agencies as a way to implement GIS technology and support the use of GIS technology in various capacities. With the growth of the consortium, inclusion of private agencies, and advancement in GIS technology, the original needs analysis and conceptual design is in need of an update.

The proposed update and study will provide recommendations to the Consortium to update policies, fee structures, technology, data sharing, and identify additional agencies to participate in the Consortium. The study will result in the Consortium to advance the current collaboration of the agencies, permit further data sharing between the agencies, simplify the request and fulfillment process for data sharing requests while increasing the cost effectiveness of the local funds used to support the Consortium. As well, the cost to the clients (both public and private) served by the agencies would be reduced with quicker and more effective services.

The Richland County Board of Commissioners support the grant application and we hope it will meet your favorable review.

Thank you for your consideration.

Sincerely,

Edward W. Olson

Timothy A. Wert

Gary Utt, Sr.

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		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<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		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<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		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<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		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 47					
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 28					
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 29					
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	

Section 4
List of Partners

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	

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	

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



RICHLAND COUNTY REGIONAL PLANNING COMMISSION

**35 North Park Street
Suite 230
Mansfield, Ohio 44902-1777
Phone 419 774-5684
Fax 419 774-5685
rplanning@rcrpc.org**

**Brian McCartney
Chriss Harris
Matthew C. Huffman**

**President
Vice-President
Executive Director**

September 4, 2012

Ms. Thea Walsh, Deputy Chief
Ohio Department of Development
Office of Redevelopment
77 S High St
PO Box 1001
Columbus, OH 43216

Re: Local Government Innovation Fund Application

Dear Ms. Walsh,

Please find with this letter our LGIF Round 3 Grant Application due Tuesday, September 04, 2012 at 5:00pm. A letter of support from the Richland County Commissioners is included.

A resolution is being submitted in support of this application to the full Planning Commission for approval at their next meeting on September 26, 2012. The members of the Richland County GIS Consortium support this application by a motion passed during its most recent meeting on August 21, 2012. If additional documents are required, such as an MOU, they will be provided promptly as requested. Per a conversation with one of your staff, these supporting documents will be submitted during the "cure" period.

Please do not hesitate to contact me for additional information or clarification of any responses in the application.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Mark A. Johnson'.

Mark A. Johnson, GISP

Bent, Nicole

From: Mark Johnson <MJohnson@rcrpc.org>
Sent: Tuesday, October 23, 2012 3:48 PM
To: lgif
Subject: Cure - GIS Needs Analysis and Conceptual Plan Update 2013
Attachments: LGIF_resolutions.pdf

Ms. Walsh,

In response to your Application Cure Letter of October 8, please find the attached PDF containing support documents from the following Richland County GIS Consortium members:

- Richland County Regional Planning Commission (applicant)
- Richland County Auditor
- Richland County Commissioners
- Richland County Engineer
- Richland County Building Dept.
- Richland County Prosecutor
- City of Ontario
- Village of Bellville
- Village of Butler
- Village of Lucas
- Mifflin Township

Several resolutions/letters are still making their way through the legal review and legislative processes and will be forwarded to the LGIF immediately upon their receipt.

Per my phone conversations with Nicole Bent of your office, these documents are worded to cover both "564. Resolutions of Support" and "565. Partnership Agreements."

I have also attached a copy of the meeting minutes of the Richland County GIS Consortium approving the submission of this grant application.

Please contact me with any further questions or instructions.

Thank you,

Mark Johnson, GISP
GIS Manager
Richland County Regional Planning Commission
Richland County GIS Consortium
35 N Park St Ste 230
Mansfield, OH 44902-1777
(419)774-6203
mjohnson@rcrpc.org
(419)774-5685 FAX
www.rcrpc.org



Mansfield/Ontario/Richland County Health Department

555 Lexington Ave. • Mansfield, OH 44907 • 419-774-4500 • www.richlandhealth.org • FAX 419-774-4557
Combined Board of Health • Stan Saalman, Commissioner

October 23, 2012

Ms. Thea Walsh, Deputy Chief
Ohio Department of Development
Office of Redevelopment
77 South High Street
PO Box 1001
Columbus, Ohio 43216

Re: Letter of Support for Local Government Innovation Fund Application

Dear Ms. Walsh:

The Richland County GIS Consortium was established in the late 1990's between a few local government agencies as a way to implement GIS technology and support the use of GIS technology in various capacities. With the growth of the consortium, inclusion of private agencies, and advancement in GIS technology, the original needs analysis and conceptual design is in need of an update.

The proposed update and study will provide recommendations to the Consortium to update policies, fee structures, technology, data sharing, and identify additional agencies to participate in the Consortium. The study will result in the Consortium to advance the current collaboration of the agencies, permit further data sharing between the agencies, simplify the request and fulfillment process for data sharing requests while increasing the cost effectiveness of the local funds used to support the Consortium. As well, the cost to the clients (both public and private) served by the agencies would be reduced with quicker and more effective services.

As a current associate member of the Richland County GIS Consortium, the Mansfield/Ontario/Richland County Health Department supports the grant application and hope it will meet your favorable review.

Thank you for your consideration.

Sincerely,

Stan Saalman, MSEPH, JD, RS
Health Commissioner

SS/db

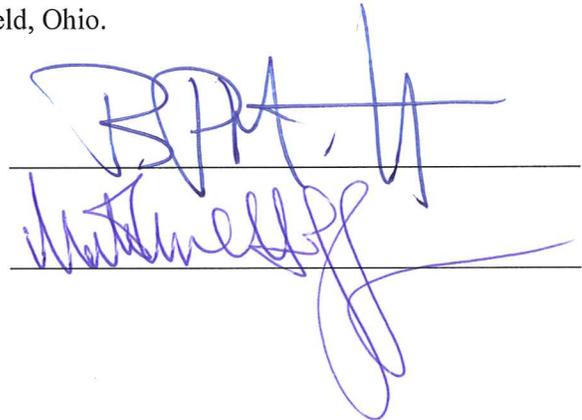
A RESOLUTION TO APPROVE THE RICHLAND COUNTY GIS
LOCAL GOVERNMENT INNOVATION FUND GRANT
APPLICATION AND TO CONFIRM PARTICIPATION AND
MEMBERSHIP IN THE GIS CONSORTIUM.

WHEREAS, Richland County Regional Planning Commission is a participant in the Geographic Information Systems (GIS) Consortium for Richland County, Ohio.

NOW, THEREFORE BE IT RESOLVED by Richland County Regional Planning Commission, of Richland County, State of Ohio:

1. That the GIS Consortium's Local Government Innovation Fund Grant Application is approved for submittal by the RCRPC to the Office of Redevelopment of the State of Ohio.
2. That continuing membership in the GIS Consortium is confirmed and approved.

Signed this 16th day of October, 2012 in Mansfield, Ohio.



The image shows two handwritten signatures in blue ink. The top signature is written over a horizontal line and appears to be 'BPM'. The bottom signature is written over another horizontal line and is more cursive and illegible.

PATRICK W. DROPSEY

RICHLAND COUNTY AUDITOR



50 PARK AVENUE EAST, MANSFIELD, OHIO 44902
TELEPHONE 419-774-5501

October 9, 2012

Ms. Thea Walsh, Deputy Chief
Ohio Department of Development
Office of Redevelopment
77 South High Street
PO Box 1001
Columbus, Ohio 43216

Re: Letter of Support for Local Government Innovation Fund Application

Dear Ms. Walsh,

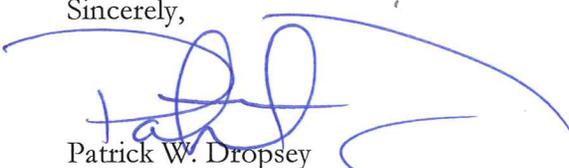
The Richland County GIS Consortium was established in the late 1990's between a few local government agencies as a way to implement GIS technology and support the use of GIS technology in various capacities. With the growth of the consortium, inclusion of private agencies, and advancement in GIS technology, the original needs analysis and conceptual design is in need of an update.

The proposed update and study will provide recommendations to the Consortium to update policies, fee structures, technology, data sharing, and identify additional agencies to participate in the Consortium. The study will result in the Consortium to advance the current collaboration of the agencies, permit further data sharing between the agencies, simplify the request and fulfillment process for data sharing requests while increasing the cost effectiveness of the local funds used to support the Consortium. As well, the cost to the clients (both public and private) served by the agencies would be reduced with quicker and more effective services.

As a founding and current member of the Richland County GIS Consortium, the Richland County Auditor supports the grant application and hope it will meet your favorable review.

Thank you for your consideration.

Sincerely,



Patrick W. Dropsey
Richland County Auditor

A RESOLUTION TO APPROVE THE RICHLAND COUNTY GIS LOCAL GOVERNMENT INNOVATION FUND GRANT APPLICATION AND TO CONFIRM PARTICIPATION AND MEMBERSHIP IN THE GIS CONSORTIUM.

WHEREAS, this Board is a member of the Richland County Regional Planning Commission (RCRPC), and

WHEREAS, this Board is also a participant in the Geographic Information Systems (GIS) Consortium for Richland County, Ohio.

NOW, THEREFORE BE IT RESOLVED by the Board of County Commissioners of Richland County, Ohio:

1. That the GIS Consortium's Local Government Innovation Fund Grant Application is approved for submittal by the RCRPC to the Office of Redevelopment of the State of Ohio.
2. That the continuing membership in the GIS Consortium is confirmed and the Board is authorized and directed to approve and/or confirm GIS Consortium Agreement.

At the regular Board meeting, on October 2 2012, Commissioner Mr. Wert moved for adoption of the forgoing Resolution, seconded by Commissioner Mr. Utt and upon roll call vote the vote was aye 3 nay 0

RICHLAND COUNTY COMMISSIONERS:

Edward W. Olson
EDWARD W. OLSON

Timothy A. Wert
TIMOTHY A. WERT

Gary L. Utt Sr
GARY L. UTT, SR.

ATTEST:

Gary L. Hall



Richland County Engineer

77 NORTH MULBERRY STREET • MANSFIELD, OHIO 44902-1208

Thomas E. Beck, P.E., P.S.

Office Phone 419-774-5591

Fax 419-774-5539

Tax Map Phone 419-774-5620

Mansfield Garage 419-774-5839

October 4, 2012

Ms. Thea Walsh, Deputy Chief
Ohio Department of Development
Office of Redevelopment
77 South High Street
PO Box 1001
Columbus, Ohio 43216

Re: Letter of Support for Local Government Innovation Fund Application

Dear Ms. Walsh,

The Richland County GIS Consortium was established in the late 1990's between a few local government agencies as a way to implement GIS technology and support the use of GIS technology in various capacities. With the growth of the consortium, inclusion of private agencies, and advancement in GIS technology, the original needs analysis and conceptual design is in need of an update.

The proposed update and study will provide recommendations to the Consortium to update policies, fee structures, technology, data sharing, and identify additional agencies to participate in the Consortium. The study will result in the Consortium to advance the current collaboration of the agencies, permit further data sharing between the agencies, simplify the request and fulfillment process for data sharing requests while increasing the cost effectiveness of the local funds used to support the Consortium. As well, the cost to the clients (both public and private) served by the agencies would be reduced with quicker and more effective services.

As a founding and current member of the Richland County GIS Consortium, the Richland County Engineer supports the grant application and hope it will meet your favorable review.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Thomas E. Beck".

Thomas E. Beck, P.E., P.S.
Richland County Engineer



DEPARTMENT OF BUILDING REGULATIONS

1495 WEST LONGVIEW AVENUE • SUITE 202A

MANSFIELD, OHIO 44906

Phone • (419) 774-5517 Fax • (419) 774-6317

www.richlandcountyoh.us/c&p.htm

October 5, 2012

Ms. Thea Walsh, Deputy Chief
Ohio Department of Development
Office of Redevelopment
77 South High Street
PO Box 1001
Columbus, Ohio 43216

Re: Letter of Support for Local Government Innovation Fund Application

Dear Ms. Walsh,

The Richland County GIS Consortium was established in the late 1990's between a few local government agencies as a way to implement GIS technology and support the use of GIS technology in various capacities. With the growth of the consortium, inclusion of private agencies, and advancement in GIS technology, the original needs analysis and conceptual design is in need of an update.

The proposed update and study will provide recommendations to the Consortium to update policies, fee structures, technology, data sharing, and identify additional agencies to participate in the Consortium. The study will result in the Consortium to advance the current collaboration of the agencies, permit further data sharing between the agencies, simplify the request and fulfillment process for data sharing requests while increasing the cost effectiveness of the local funds used to support the Consortium. As well, the cost to the clients (both public and private) served by the agencies would be reduced with quicker and more effective services.

As a current associate member of the Richland County GIS Consortium, the Richland County Building Department supports the grant application and hope it will meet your favorable review.

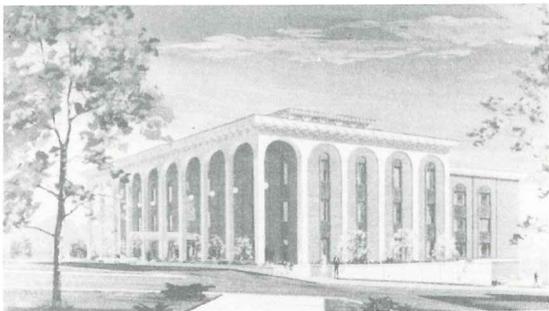
Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "S. M. Risser".

Stephen M. Risser, P.E.
Director

cc: Richland County Board of Commissioners



Richland County Courthouse

OFFICE OF THE PROSECUTOR RICHLAND COUNTY, OHIO

JAMES J. MAYER, JR.

**38 South Park - Second Floor
Mansfield, Ohio 44902
Phone: (419) 774-5676
Fax: (419) 774-5589**

October 19, 2012

Ms. Thea Walsh, Deputy Chief
Ohio Department of Development
Office of Redevelopment
77 South High Street
PO Box 1001
Columbus, Ohio 43216

Re: Letter of Support for Local Government Innovation Fund Application

Dear Ms. Walsh,

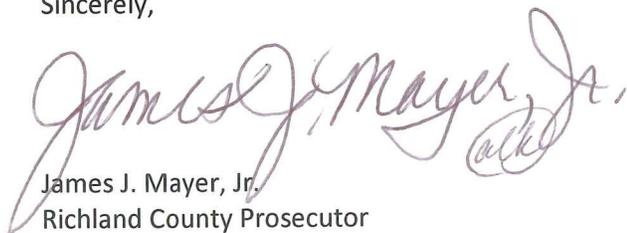
The Richland County GIS Consortium was established in the late 1990's between a few local government agencies as a way to implement GIS technology and support the use of GIS technology in various capacities. With the growth of the consortium, inclusion of private agencies, and advancement in GIS technology, the original needs analysis and conceptual design is in need of an update.

The proposed update and study will provide recommendations to the Consortium to update policies, fee structures, technology, data sharing, and identify additional agencies to participate in the Consortium. The study will result in the Consortium to advance the current collaboration of the agencies, permit further data sharing between the agencies, simplify the request and fulfillment process for data sharing requests while increasing the cost effectiveness of the local funds used to support the Consortium. As well, the cost to the clients (both public and private) served by the agencies would be reduced with quicker and more effective services.

As a current associate member of the Richland County GIS Consortium, the Richland County Prosecutor supports the grant application and hope it will meet your favorable review.

Thank you for your consideration.

Sincerely,


James J. Mayer, Jr.
Richland County Prosecutor

RESOLUTION NO. 12 -14

A RESOLUTION TO APPROVE THE RICHLAND COUNTY GIS LOCAL GOVERNMENT INNOVATION FUND GRANT APPLICATION AND TO CONFIRM PARTICIPATION AND MEMBERSHIP IN THE GIS CONSORTIUM.

WHEREAS, the City of Ontario is a member of the Richland County Regional Planning Commission (RCRPC), and

WHEREAS, the City of Ontario is also a participant in the Geographic Information Systems (GIS) Consortium for Richland County, Ohio.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ONTARIO, STATE OF OHIO:

SECTION 1. That the GIS Consortium's Local Government Innovation Fund Grant Application is approved for submittal by the RCRPC to the Office of Redevelopment of the State of Ohio.

SECTION 2. That the continuing membership in the GIS Consortium is confirmed and City of Ontario is authorized and directed to approve and/or confirm the GIS Consortium Agreement.

SECTION 3. That this Resolution shall take effect at the earliest time allowed by law.

DATE: October 18, 2012

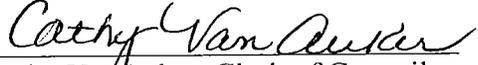
Ayes 7 Nays 0 Abstain _____


Daniel J. Zeiter, President of Council

APPROVED AS TO FORM:


Allan D. Sowash, Law Director

ATTEST:


Cathy Van Auker, Clerk of Council

APPROVED:


Larry C. Collins, Mayor

10-18-12
Date

Ordinance No. 12-42

Passed October 2 ~~10~~ 2012

A RESOLUTION TO SUPPORT THE RICHLAND COUNTY GIS LOCAL GOVERNMENT INNOVATION FUND GRANT APPLICATION AND TO CONFIRM PARTICIPATION AND MEMBERSHIP IN THE GIS CONSORTIUM.

WHEREAS, the Village of Bellville is a member of the Richland County Regional Planning Commission (RCRPC), and

WHEREAS, the Village of Bellville is also a participant in the Geographic Information System (GIS) Consortium for Richland County, Ohio.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE VILLAGE OF BELLVILLE, STATE OF OHIO:

SECTION 1. THAT the GIS Consortium's Local Government Innovation Fund Grant Application is approved for submittal by the RCRPC to the Office of Redevelopment of the State of Ohio.

SECTION 2. THAT the continuing membership in the GIS Consortium is confirmed and Darrell E. Banks, Mayor, is authorized and directed to approve and/or confirm the GIS Consortium Agreement.

SECTION 3. THAT this Resolution shall take effect at the earliest time allowed by law.

Passed: 5-0


DARRELL E. BANKS, MAYOR

ATTEST:


Brigitte R. Banks, Village Fiscal Officer

APPROVED AS TO FORM:


Jon K. Burton, Village Solicitor

RESOLUTION 16-12

A RESOLUTION TO APPROVE THE RICHLAND COUNTY GIS LOCAL GOVERNMENT INNOVATION FUND GRANT APPLICATION AND TO CONFIRM PARTICIPATION AND MEMBERSHIP IN THE GIS CONSORTIUM AND DECLARING AN EMERGENCY.

WHEREAS, the Village of Butler is a member of the Richland County Regional Planning Commission (RCRPC), and

WHEREAS, the Village of Butler is also a participant in the Geographic Information Systems (GIS) Consortium for Richland County, Ohio.

NOW, THEREFORE BE IT RESOLVED by the Village of Butler, County of Richland, State of Ohio:

1. That the GIS Consortium's Local Government Innovation Fund Grant Application is approved for submittal by the RCRPC to the Office of Redevelopment of the State of Ohio.
2. That the continuing membership in the GIS Consortium is confirmed and the Mayor with Council's approval is authorized and directed to approve and/or confirm the GIS Consortium Agreement.
3. That it is hereby determined that this Resolution is an emergency resolution necessary for the preservation of the public peace, health, safety and welfare of the residents of this Village, for the additional reason it is necessary for approval in a timely manner to meet application deadline.

PASSED: Roll Call
Date 10/8/2012 Vote 5-0

Kevin Carr
Kevin Carr, Mayor

James L. Banks
James Banks, Fiscal Officer

Suspension of rules : Roll call vote - (5-0)

ROLL CALL	1 st Reading	2 nd Reading	3 rd Reading ^{10/8}
Wesley Dingus	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>
Joshua Haring	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>
Sean Kelly	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>
Joseph Stallard	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>
Joy Stover	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>
Raymond Swank	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>

RESOLUTION NO. R-33-2012

RESOLUTION TO APPROVE THE RICHLAND COUNTY GIS LOCAL GOVERNMENT INNOVATION FUND GRANT APPLICATION AND TO CONFIRM PARTICIPATION AND MEMBERSHIP IN THE GIS CONSORTIUM

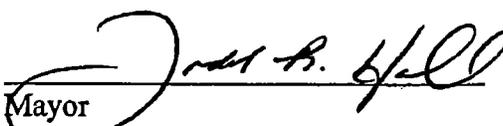
WHEREAS, the Village of Lucas is a member of the Richland County Regional Planning Commission (RCRPC); and

WHEREAS, the Village of Lucas is also a participant in the Geographic Information System (GIS) Consortium for Richland County; and

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Lucas, Ohio:

1. That the GIS Consortium's Local Government Innovation Fund Grant Application is approved for submittal by the RCRPC to the Office of Redevelopment of the State of Ohio.
2. That the continuing membership in the GIS Consortium is confirmed and the Village Administrator is authorized and directed to approve and/or confirm the GIS Consortium Agreement.
3. That this Resolution shall take effect at the earliest time allowed by law.

PASSED: October 15, 2012


Mayor

APPROVED AS TO FORM:

Joseph T. Olecki, Village Solicitor


Chief Fiscal Officer

A RESOLUTION TO APPROVE THE RICHLAND COUNTY GIS LOCAL GOVERNMENT INNOVATION FUND GRANT APPLICATION AND TO CONFIRM PARTICIPATION AND MEMBERSHIP IN THE GIS CONSORTIUM.

WHEREAS, Mifflin Township is a member of the Richland County Regional Planning Commission (RCRPC), and

WHEREAS, Mifflin Township is also a participant in the Geographic Information Systems (GIS) Consortium for Richland County, Ohio.

NOW, THEREFORE BE IT RESOLVED by the Board of Township Trustees of Mifflin Township, Richland County, Ohio:

1. That the GIS Consortium's Local Government Innovation Fund Grant Application is approved for submittal by the RCRPC to the Office of Redevelopment of the State of Ohio.
2. That the continuing membership in the GIS Consortium is confirmed and the Board is authorized and directed to approve and/or confirm the GIS Consortium Agreement.

At the regular Trustee meeting of October 9th, 2012 Trustee Russ Reed moved for adoption of the foregoing Resolution, seconded by Trustee John J. Phelan and JOHN JAITOLWICKY upon roll call vote the vote was aye 3 nay 0.

BOARD OF TOWNSHIP TRUSTEES:

Russ Reed
John J. Phelan
Roger D. Cook

ATTEST:

Deon K. Galt
Township Fiscal Officer

Minutes

Richland County GIS Consortium Meeting

August 21, 2012, 1:30pm

I. Call to Order

- John Jerger, Chair, called the meeting to order at 1:35pm.

II. Attendance (* indicates a voting member)

- *John Jerger, Chair, County Auditor
- *Darrell Banks, Vice Chair, Village of Bellville
- *Sarah Davis, County Commissioners
- *Jim DeSanto, City of Mansfield
- *Joe Gies, City of Shelby
- *Matt Huffman, Mark Johnson, John Adams, Kathy Adams, RCRPC
- *Kevin Payne, County Engineer
- Steve Risser, County Building Dept.
- *Tim Stallard, Village of Lucas

III. Minutes

- Joe Gies moved to approve the June minutes as distributed in the handouts. Seconded by Darrell Banks. Unanimously approved.

IV. Financial

- Invoices
 - Jim DeSanto moved to approve Invoice 101194 in the amount of \$7734.50 and 101208 in the amount of \$3807.07. Seconded by Joe Gies. Unanimously approved.
 - Darrell Banks moved to approve Invoice 101201 in the amount of \$2155.74. Seconded by Kevin Payne. Unanimously approved.
- Financial Report
 - Sarah Davis reported the Commissioners paid their Consortium dues even though it was not indicated yet in the financial report.
 - Jim DeSanto proposed a special budget meeting in September to focus on GIS funding issues. Mark Johnson will send out a Doodle poll to schedule the best meeting time.

V. Data Sharing / Map Requests

- Mark referred attendees to the meeting handouts for a list of public map/data requests since the last Consortium meeting.

VI. Members' Projects Reports

- Jim DeSanto and Joe Gies requested Mark send them a shapefile of traffic counts.

VII. Current Business

- 6" Orthophotography
 - Mark reported that Knox County may be interested in partnering in 2015 which is their next scheduled flight.

- Mark reported a visit from Ron Martin of Kucera International of Willoughby, OH. Ron indicated Kucera could deliver the same product as OSIP for 20% less.
- New AccuGlobe Data Explorer Extension
 - Mark reported no progress since the last Consortium meeting
- Land Use layer
 - John Jerger said he wasn't sure about a land use layer beyond the land use codes in the CAMA data but he would investigate.
- Soils layer
 - John Jerger said he would look into the status of the Auditor's soils layer project.
- Consortium Funding / Budget
 - Much discussion of funding/budget took place during the financial report.
- RCRPC/Auditor/Tax Maps/Building Codes plotter
 - Mark referred attendees to a spreadsheet in the meeting handouts of costs obtained from a RFQ of plotters. Mark recommended the HP T1300 based on the responses to the RFQ.
- Fee Schedule for Public Map Records Requests and "Custom" Map Requests Policy
 - Mark referred attendees to the email in the handouts from the County Prosecutor's office.

VIII. New Business

- Local Government Innovation Fund grant proposal
 - Mark proposed submitting a grant application to the LGIF to fund an updated GIS needs assessment for Consortium members. Jim DeSanto moved to approve RCRPC submitting an application, seconded by Joe Gies. Unanimously approved.

IX. Next Meeting

- The next meeting was scheduled for October 16 at 1:30pm.

X. Adjourn

- Darrell Banks moved to adjourn the meeting, seconded by Jim DeSanto. Meeting adjourned about 3:00pm.



October 9, 2012

Mark Johnson, GISP
GIS Manager
35 N Park St Ste 230
Mansfield, OH 44902

RE: Application Cure Letter--GIS Needs Analysis and Conceptual Plan Update 2013

Dear Mark Johnson, GISP:

The Ohio Development Services Agency (ODSA) has received and is currently reviewing your application for Round 3 of Local Government Innovation Fund program. This letter serves to provide notice of any issues with your application. The identified item(s) requiring your attention are listed on the attached page(s). Please respond only to the issues raised. Failure to fully address all the identified items could lead to a competitive score reduction or ineligibility for Round 3 of the Local Government Innovation Fund program. A written response from the applicant to this completeness review is due to ODSA no later than 5:00 p.m. on *October 23, 2012*. Please send the response in a single email to lgif@development.ohio.gov and include "Cure—Project Name" in the subject line.

While this cure letter represents the additional information needed for ODSA review, the Local Government Innovation Council continues to reserve the right to request additional information about your application.

Thank you once again for your participation in Local Government Innovation program. Please contact the Office of Redevelopment at lgif@development.ohio.gov or 614-995-2292 if you have further questions regarding your application or the information requested in this letter.

Sincerely,

Thea J. Walsh, AICP
Deputy Chief, Office of Redevelopment
Ohio Department of Development



Local Government Innovation Fund Completeness Review

Applicant: Richland County Regional Planning Commission
Project Name: GIS Needs Analysis and Conceptual Plan Update 2013

Issues for Response

559. Format

The application is in the correct format and is ready for review.

560. Request

The application is for an eligible request.

561. Project Budget

The project budget is complete. No additional information is needed at this time.

562. Program Budget

The program budget is complete. No additional information is needed at this time.

563. Return on Investment

The return on investment calculation is complete and supported by back-up documentation. No further information is needed at this time.

564. Resolutions of Support

The lead applicant and collaborative partners are required to submit resolutions of support from their governing body for the application to be eligible for funding consideration.

565. Partnership Agreements

The lead applicant and collaborative partners are required to submit a signed partnership agreement or memorandum of understanding to be considered partners for the purposes of this application.

566. Total Number of Validated Partners

The application has a total of zero collaborative partners with the appropriate documentation submitted for the purposes of this application.

567. Other Comments

There are no other pieces of information needed at this time.

RESOLUTION NO. 32-2012
Sponsors: (Councilmembers Gates and Shasky)

SUPPORTING THE RICHLAND COUNTY GIS CONSORTIUM LOCAL GOVERNMENT INNOVATION FUND GRANT APPLICATION WITH THE STATE OF OHIO OFFICE OF REDEVELOPMENT

WHEREAS, The City of Shelby is a member of the Richland County Regional Planning Commission (RCRPC); and

WHEREAS, The City of Shelby is also a participant in the Geographic Information Systems (GIS) Consortium for Richland County, Ohio; and

WHEREAS, The Richland County GIS Consortium is desirous of applying for funding for the Local Government Innovation Fund with the State of Ohio Office of Redevelopment for a needs assessment for GIS operations within the City of Shelby and all of Richland County.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF SHELBY, OHIO, A MAJORITY ELECTED THERETO CONCURRING:

Section 1: That the Council of the City of Shelby hereby supports the Richland County GIS Consortiums grant application for the Local Government Innovation Fund with the Office of Redevelopment of the State of Ohio and is approved for submittal.

Section 2: That all meetings and hearings concerning the adoption of this Resolution have been in compliance with Codified Ordinance 220.01, Ohio Revised Code Section 121.22, and the Charter of the City of Shelby, Ohio.

Section 3: That this Resolution shall be in full force and effect from and after its passage, approval by the Mayor, and the earliest period allowed by law.

PASSED: October 15, 2012

Steven L. Schag
Steven L. Schag
Vice President of Council

ATTEST: Robert A. Lafferty
Robert A. Lafferty
Clerk of Council

APPROVED:
Marilyn S. John
Marilyn S. John
Mayor

Prepared by:

Gordon M. Eyster
Gordon M. Eyster
Director of Law