

## 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

<b>Lead Applicant</b>	
<b>Project Name</b>	
<b>Type of Request</b>	
<b>Funding Request</b>	
<b>JobsOhio Region</b>	
<b>Number of Collaborative Partners</b>	

### Office of Redevelopment

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

**Email:** [LGIF@development.ohio.gov](mailto:LGIF@development.ohio.gov)

**Phone:** 614 | 995 2292

Lead Applicant		<b>Round 3</b>	
Project Name		Type of Request	

Lead Applicant				
<b>Mailing Address:</b>	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	
<b>Mailing Address:</b>	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	
<b>Mailing Address:</b>	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		<b>Round 3</b>	
Project Name		Type of	

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

<b>Collaborative Partners</b>		
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.		

<b>Population</b>		
The applicant is required to provide information from the 2010 U.S. Census information, available at: <a href="http://factfinder2.census.gov/">http://factfinder2.census.gov/</a>		
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		<b>Round 3</b>	
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 1					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 2					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 3					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 4					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 5					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 6					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 7					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 8					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 9					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 10					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 11					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 12					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>	
Project Name		Type of Request	

<b>Identification of the Type of Award</b>	
<b>Targeted Approach</b>	

**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		<b>Round 3</b>	
Project Name		Type of Request	

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

<b>Scalable/Replicable Proposal</b>	Scalable	Replicable	Both
<b>Scalable/Replicable (10 points)</b>			
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

<b>Probability of Success</b>	Yes	No
<b>Probability of Success (5 points)</b>		
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		<b>Round 3</b>	
Project Name		Type of Request	

<b>Performance Audit Implementation/Cost Benchmarking</b>	Yes	No
<b>Performance Audit/Benchmarking (5 points)</b>		
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)		

<b>Economic Impact</b>	Yes	No
<b>Economic Impact (5 points)</b>		
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

<b>Response to Economic Demand</b>	Yes	No
<b>Response to Economic Demand (5 points)</b>		
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).

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		<b>Type of Request</b>	

## 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 - _____			
<b>TOTAL EXPENSES</b>			
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			
<b>TOTAL REVENUES</b>			

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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 - _____			
<b>TOTAL EXPENSES</b>			
	<b>Revenues</b>	<b>Revenues</b>	<b>Revenues</b>
<b>Contributions, Gifts, Grants, and Earned Revenue</b>			
Local Government: _____			
Local Government: _____			
Local Government: _____			
State Government			
Federal Government			
*Other - _____			
*Other - _____			
*Other - _____			
Membership Income			
Program Service Fees			
Investment Income			
<b>TOTAL REVENUES</b>			

<b>Lead Applicant</b>		<b>Round 3</b>
<b>Project Name</b>		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.

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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](mailto:lgif@development.ohio.gov)

Section 4  
Financial Information

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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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<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		Type of Request	

## Scoring Overview

### Section 1: Collaborative Measures

Collaborative Measures	Description	Max Points		Applicant Self Score
<b>Population</b>	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 <b>smallest</b> population listed in the application. Applications from (or collaborating with) small communities are preferred.	5		
<b>Participating Entities</b>	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

<b>Past Success</b>	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		
<b>Scalable/Replicable Proposal</b>	Applicant's proposal can be replicated by other local governments or scaled for the inclusion of other local governments.	10		
<b>Probability of Success</b>	Applicant provides a documented need for the project and clearly outlines the likelihood of the need being met.	5		

### Section 3: Significance Measures

<b>Performance Audit Implementation/Cost Benchmarking</b>	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		
<b>Economic Impact</b>	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		
<b>Response to Economic Demand</b>	The project responds to current substantial changes in economic demand for local or regional government services.	5		

### Section 4: Financial Measures

<b>Financial Information</b>	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		
<b>Local Match</b>	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	5		
<b>Expected Return</b>	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		
<b>Repayment Structure (Loan Only)</b>	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**

## Efficient Transition Services Supporting Documents – TRECA

ITEM	Attachment Page #
Letter of Support – TRECCA	1
Letter of Support – Olentangy Local Schools	2
Letter of Support – ViaQuest Inc.	3
In-Kind Contributions Documentation	4
Budget Justification Documentation	5



100 Executive Dr.  
Marion, OH 43302  
P: 740 389 4798  
F: 740 389 4517

Grant Evaluators  
Ohio Department of Development  
77 South High Street, P.O. Box 1001  
Columbus, Ohio 43216-1001

To Whom It May Concern:

The Tri-Rivers Educational Computer Association (TRECA) is proud to be a partner with Olentangy Local Schools and ViaQuest Inc. in developing a program that will not only help to provide an efficient purchasing and receiving system for public schools, but more importantly will provide Secondary Transition services such as career-oriented job training and opportunities to individuals with Developmental Disabilities.

We believe that this partnership is a perfect fit with ViaQuest's successful experience of providing services to the Developmentally Disabled that mirror this type of program as well as Olentangy's ability to offer a perfect platform for a successful program. Olentangy Schools have been a long time consortium member of TRECA's ITC group. Therefore, TRECA has been a partner with Olentangy Schools for a number of years and has provided services that have allowed for the efficient and positive implementation of multiple programs and mandates. This particular venture has been a dream of the groups as we envision ways to become even more efficient with purchasing and warehousing while providing a valuable learning resource and monetary savings for the district. We believe that TRECA can then replicate the program for other consortium school districts in the TRECA ITC group and statewide thereby allowing TRECA to be a perfect regional portal to help implement this program successfully with the other school districts that we serve.

The partnership is in the process of finalizing the Partnership Agreement. In addition, TRECA will provide its Resolution of Support upon completion of the next scheduled Governing Board meeting.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Armstrong", is written over a horizontal line. The signature is fluid and cursive.

Scott Armstrong  
Chief Financial Officer  
TRECA



September 4, 2012

To Whom It May Concern,

I am writing this letter to support a partnership between Olentangy Local Schools, the Tri-Rivers Educational Computer Association (TRECA) and ViaQuest Inc. in the development the Efficient Transition Services program. I support the request of an LGIF grant to implement a feasibility study to help us determine the most efficient and effective path of developing a purchasing and receiving system that will reduce costs and better help the district to meet state and federal requirements in Secondary Transition planning. Possibly, the most important outcome of this partnership will be the benefits we will be able to provide for our Students with Disabilities. These benefits will include but are not limited to, providing an opportunity for these students to graduate on time, to gain valuable job skills, and gainful employment.

Olentangy Schools has successfully partnered with TRECA in the implementation of numerous programs such as the State required EMIS system as well as PowerSchool our student information system. This partnership has allowed for an efficient and cost savings implementation. Further, I believe that Via Quest Inc. brings not only a knowledge of implementing this type of program with the Developmentally Disabled, but a passion for serving that will make this program a success.

The partnership is in the process of finalizing the Partnership Agreement. In addition, we will provide the Resolution of Support upon completion of the next scheduled Olentangy Local School Board meeting.

Sincerely,

A handwritten signature in black ink, appearing to read "Wade E. Lucas".

Wade E. Lucas, Ed.D.  
Superintendent

WEL/ten



August 31, 2012

To whom this may concern,

ViaQuest supports the partnership for the Efficient Transition Services (ETS) project.

ViaQuest will participate fully with implementing a program that will provide Secondary Transition services such as career-oriented job training and opportunities to individuals with Developmental Disabilities while establishing a centralized purchasing, receiving, and copy center that will provide office, technology, furniture and other supplies to public and private entities at a reduced cost within the local community.

ViaQuest believes this is a true example of the State level Employment First Initiative to increase meaningful employment opportunities for people with developmental disabilities.

ViaQuest feels their partnership agreement with the Tri-Rivers Educational Computer Association (TRECA) and Olentangy Local School District has been created to promote efficiency and an improved business environment.

The partnership agreement and resolution of support, engaging all parties in this effort, will be finalized shortly.

Sincerely,

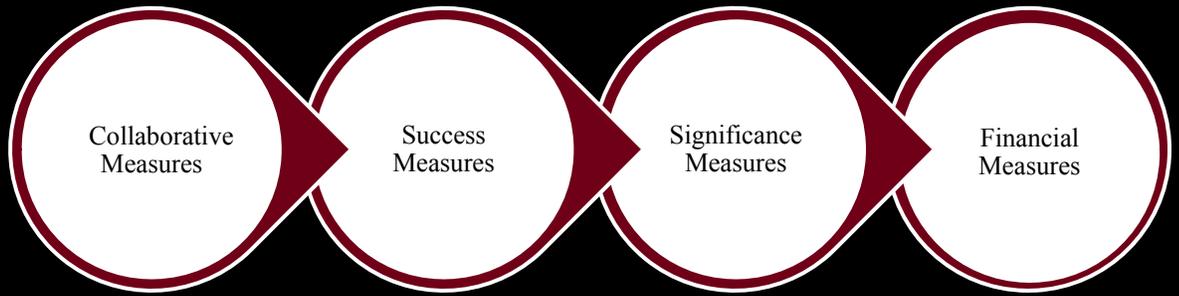
Richard Johnson  
CEO/ President

IN-kind Contributions

Name	Organization	Hours	Hrly Rate		Total	Services Provided
			Incl Ben's	Total		
Treasurer	Olentangy Local	25	\$ 62.50		\$1,562.50	Consultation on Feasibility Study
Student Services Director	Olentangy Local	50	\$ 53.13		\$2,656.50	Consultation on Feasibility Study & Management services for program implementation
Business Services Director	Olentangy Local	25	\$ 53.13		\$1,328.25	Consultation on Feasibility Study & Management services for program implementation
Superintendent	Olentangy Local	10	\$ 87.50		\$875.00	Consultation on Feasibility Study
Intervention Staff	Olentangy Local	50	\$ 28.84		\$1,442.00	Direct Program Services
					\$7,864.25	
Consultant	TRECA	100	\$ 65.00		\$6,500.00	Consultation on Feasibility Study & Management services for program implementation
Executive Director	TRECA	10	\$ 80.00		\$800.00	Consultation on Feasibility Study
Director Program Services	TRECA	20	\$ 70.00		\$1,400.00	Consultation on Feasibility Study
					\$8,700.00	
Senior Vice President	ViaQuest Inc.	50	\$ 65.00		\$3,250.00	Consultation on Feasibility Study & Management services for program implementation
President/CEO	ViaQuest Inc.	10	\$ 100.00		\$1,000.00	Consultation on Feasibility Study
Program Staff	ViaQuest Inc.	100	\$ 30.00		\$3,000.00	Direct Program Services
					\$7,250.00	
Grand Total In-kind Services					\$23,814.25	
Cash Match	TRECA				\$ 2,000.00	Project Management
	Via Quest				\$ 2,000.00	Project Management
					\$ 4,000.00	
Total Cash Match					\$ 4,000.00	

Program Budget

Item	Description of Services	Hours	Cost/Hour	Total
Consultant Fees	Research of Entity needs and services	100	\$ 200.00	\$ 20,000.00
	Development of implementation model	200	\$ 200.00	\$ 40,000.00
	Final Analysis and Reporting of Feasibility Study	100	\$ 200.00	\$ 20,000.00
	Financial Programatic			
	Project Management	100	\$ 150.00	\$ 15,000.00
				\$ 95,000.00



## 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

<b>Lead Applicant</b>	
<b>Project Name</b>	
<b>Type of Request</b>	
<b>Funding Request</b>	
<b>JobsOhio Region</b>	
<b>Number of Collaborative Partners</b>	

### Office of Redevelopment

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

**Email:** [LGIF@development.ohio.gov](mailto:LGIF@development.ohio.gov)

**Phone:** 614 | 995 2292

Lead Applicant		<b>Round 3</b>	
Project Name		Type of Request	

Lead Applicant				
<b>Mailing Address:</b>	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	
<b>Mailing Address:</b>	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	
<b>Mailing Address:</b>	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		<b>Round 3</b>	
Project Name		Type of	

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

<b>Collaborative Partners</b>		
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.		

<b>Population</b>		
The applicant is required to provide information from the 2010 U.S. Census information, available at: <a href="http://factfinder2.census.gov/">http://factfinder2.census.gov/</a>		
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		<b>Round 3</b>	
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 1					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 2					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 3					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 4					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 5					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 6					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 7					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 8					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 9					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 10					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 11					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 12					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>	
Project Name		Type of Request	

<b>Identification of the Type of Award</b>	
<b>Targeted Approach</b>	

**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		<b>Round 3</b>	
Project Name		Type of Request	

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

<b>Scalable/Replicable Proposal</b>	Scalable	Replicable	Both
<b>Scalable/Replicable (10 points)</b>			
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

<b>Probability of Success</b>	Yes	No
<b>Probability of Success (5 points)</b>		
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		<b>Round 3</b>	
Project Name		Type of Request	

<b>Performance Audit Implementation/Cost Benchmarking</b>	Yes	No
<b>Performance Audit/Benchmarking (5 points)</b>		
<p>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)</p>		

<b>Economic Impact</b>	Yes	No
<b>Economic Impact (5 points)</b>		
<p>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)</p>		

Section 3  
Project Information

<b>Response to Economic Demand</b>	Yes	No
<b>Response to Economic Demand (5 points)</b>		
<p>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)</p>		

# 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).

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		<b>Type of Request</b>	

## 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).**

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 - _____			
<b>TOTAL EXPENSES</b>			
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			
<b>TOTAL REVENUES</b>			

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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 - _____			
<b>TOTAL EXPENSES</b>			
Revenues	Revenues	Revenues	Revenues
<b>Contributions, Gifts, Grants, and Earned Revenue</b>			
Local Government: _____			
Local Government: _____			
Local Government: _____			
State Government			
Federal Government			
*Other - _____			
*Other - _____			
*Other - _____			
Membership Income			
Program Service Fees			
Investment Income			
<b>TOTAL REVENUES</b>			

<b>Lead Applicant</b>		<b>Round 3</b>
<b>Project Name</b>		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.

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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](mailto:lgif@development.ohio.gov)

Section 4  
Financial Information

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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)
--	---

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		Type of Request	

## Scoring Overview

### Section 1: Collaborative Measures

Collaborative Measures	Description	Max Points		Applicant Self Score
<b>Population</b>	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 <b>smallest</b> population listed in the application. Applications from (or collaborating with) small communities are preferred.	5		
<b>Participating Entities</b>	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

<b>Past Success</b>	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		
<b>Scalable/Replicable Proposal</b>	Applicant's proposal can be replicated by other local governments or scaled for the inclusion of other local governments.	10		
<b>Probability of Success</b>	Applicant provides a documented need for the project and clearly outlines the likelihood of the need being met.	5		

### Section 3: Significance Measures

<b>Performance Audit Implementation/Cost Benchmarking</b>	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		
<b>Economic Impact</b>	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		
<b>Response to Economic Demand</b>	The project responds to current substantial changes in economic demand for local or regional government services.	5		

### Section 4: Financial Measures

<b>Financial Information</b>	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		
<b>Local Match</b>	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	5		
<b>Expected Return</b>	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		
<b>Repayment Structure (Loan Only)</b>	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**

Applicant: Tri-Rivers Educational Computer Association (TRECA)  
 Project Name: Efficient Transition Services

Cure Letter Response Item 3 – Project Budget

The Project Budget requires attention. The Total Sources amount does not match the Total Uses amount.

**Sources of Funds:**

LGIF Request: 

\$91,000
----------

Cash Match (List Sources Below):

Source:	ViaQuest	\$2,000
Source:	TRECA	\$2,000
Source:		
Source:		

In-Kind Match (List Sources Below):

Source:	Olentangy Local	\$9,192
Source:	TRECA	\$5,450
Source:	ViaQuest	\$6,250
Total Match:		\$24,892
Total Sources:		\$115,892

**Uses of Funds:**

		<u>Amount</u>	<u>Revenue Source</u>
<b>Consultant Fees:</b>		\$95,000	LGIF Grant and Matching Funds
<b>Legal Fees:</b>			
Other:	Olentangy In-kind Consultation Services	\$9,192	Olentangy Schools Local Revenue
Other:	TRECA In-kind Consultation Services	\$5,450	TRECA Local Revenue
Other:	ViaQuest Inc Consultation Services	\$6,250	ViaQuest Inc. Business Revenue
Other:			
Other:			
Total Uses:		\$115,892	
Local Match Percentage:		21.48%	

Local Match Percentage = (Match Amount/Project Cost) \* 100 (10% match required)

X 10-39.99% (1 point)    40-69.99% (3 points)                      70% or greater (5 points)

LGIF Completeness Review

Applicant: Tri-Rivers Educational Computer Association

Project Name: Efficient Transition Services

Response to Item 6 – Resolution of Support – Olentangy Local Schools Board President  
Resolution of Support

**Resolution of Support**

Please consider this a resolution of support for Olentangy Local Schools, in partnership with TRECA and ViaQuest Incorporated, for the request of a Local Government Innovation Fund grant to implement a feasibility study.

This study will help us to determine the most efficient and effective path of developing a purchasing and receiving system that will reduce costs and better help the district to meet state and federal requirements in Secondary Transition planning. The Efficient Transition Services project will allow us to better provide services such as career-oriented job training and opportunities to individuals with Developmental Disabilities.



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President, Olentangy Local School District Board of Education

LGIF Completeness Review

Applicant: Tri-Rivers Educational Computer Association

Project Name: Efficient Transition Services

Response to Item 7 – Partnership Agreements

The applicants (TRECA) and the collaborative partners (Olentangy Local Schools, and ViaQuest Inc.) agree to participate in an efficiency and improved business environment feasibility study to examine the viability of implementing a program that will provide Secondary Transition services such as career-oriented job training and opportunities to individuals with Developmental Disabilities while providing cost savings and efficiency in the areas of purchasing and receiving. The applicant and the collaborative partners agree to provide the necessary in-kind and cash match services to ensure that the local matching fund requirement is met. In addition, all three partners agree to collaborate with outside agencies and provide timely responses to questions and data requests associated with this feasibility study.

X   
Mike Carder  
CEO, TRECA

X   
Wade Lucas  
Superintendent, Olentangy Local Schools

X   
Rich Johnson  
CEO, ViaQuest Inc.