

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

ATHENS CITY-COUNTY HEALTH DEPARTMENT

278 West Union Street

Athens, Ohio 45701

Phone: 740-592-4431 – Fax: 740-594-2370

August 27, 2012

To Whom It May Concern;

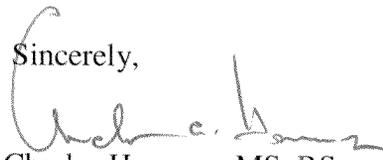
The Athens City-County Health Department is committed to a partnership to examine the potential for sharing certain ancillary services needed for efficient clinical services operation. This effort will be undertaken with several other local Ohio Health Districts, using an Ohio Government Innovation Fund grant proposal submitted by the Union County Health Department.

The proposed partnership will conduct a feasibility study to determine the efficiencies to be gain by jointly sharing the following operations:

- 1) Electronic Health Records (EHR): New requirements in health care delivery make it necessary for all clinical providers who engage in services for the Medicaid and Medicare population to use an electronic health record. These systems are quite expensive to both implement and maintain. So the partnership will specifically examine the joint purchase of an EHR to serve multiple clinical sites within multiple jurisdiction with the hope that such a purchase will reduce the per unit cost and implementation expense.
- 2) Information Technology (IT) Support: As Identified in (1), an EHR system is a significant investment that requires extensive support to be maintained and utilized fully. The partnership will examine the feasibility of maintaining a shared IT service specifically designed to maintain the EHR system.
- 3) Billing and Insurance Credentialing: As with EHR and IT, the partnership will examine the feasibility of creating a shared system for handling client billing for both public and private insurance. By extension, this will also mean the credentialing of partner agencies with each provider—a process which is quite expensive and inefficient for small, less than full-time clinical providers to engage in.

Please contact me if you have any further questions or concerns about this. My phone number is 740-592-4431, extension 233.

Sincerely,



Charles Hammer, MS, RS
Administrator



CAMBRIDGE-GUERNSEY COUNTY HEALTH DEPARTMENT
A Combined General Health District

ESTABLISHED 1956

326 Highland Avenue
Cambridge, Ohio 43725
740/439-3577
Fax 740/432-7463

August 31, 2012

Beth E. Bickford, MS, RN, CAE
Executive Director, Association of Ohio Health Commissioners
110 A Northwoods Blvd.
Columbus, OH 43235

In re: Memorandum of Agreement

This memo shall serve as Guernsey County General Health District's interest in and agreement with a feasibility study to determine the efficiencies to be gain by jointly sharing the following operations:

- 1) **Electronic Health Records (EHR):** New requirements in health care delivery make it necessary for all clinical providers who engage in services for the Medicaid and Medicare population to use an electronic health record. These systems are quite expensive to both implement and maintain. So the partnership will specifically examine the joint purchase of an EHR to serve multiple clinical sites within multiple jurisdiction with the hope that such a purchase will reduce the per unit cost and implementation expense.
- 2) **Information Technology (IT) Support:** As Identified in (1), an EHR system is a significant investment that requires extensive support to be maintained and utilized fully. The partnership will examine the feasibility of maintaining a shared IT service specifically designed to maintain the EHR system.
- 3) **Billing and Insurance Credentialing:** As with EHR and IT, the partnership will examine the feasibility of creating a shared system for handling client billing for both public and private insurance. By extension, this will also mean the credentialing of partner agencies with each provider—a process which is quite expensive and inefficient for small, less than full-time clinical providers to engage in.

Sincerely,

Rose Ball
Administrator

Meigs County General Health District, 112 East Memorial Drive, Suite A, Pomeroy, OH 45769

August 31, 2012

Beth E. Bickford, MS, RN, CAE
Executive Director, Association of Ohio Health Commissioners
110 A Northwoods Blvd.
Columbus, OH 43235

In re: Memorandum of Agreement

This memo shall serve as Meigs County General Health District's interest in and agreement with a feasibility study to determine the efficiencies to be gain by jointly sharing the following operations:

- 1) **Electronic Health Records (EHR):** New requirements in health care delivery make it necessary for all clinical providers who engage in services for the Medicaid and Medicare population to use an electronic health record. These systems are quite expensive to both implement and maintain. So the partnership will specifically examine the joint purchase of an EHR to serve multiple clinical sites within multiple jurisdiction with the hope that such a purchase will reduce the per unit cost and implementation expense.
- 2) **Information Technology (IT) Support:** As Identified in (1), an EHR system is a significant investment that requires extensive support to be maintained and utilized fully. The partnership will examine the feasibility of maintaining a shared IT service specifically designed to maintain the EHR system.
- 3) **Billing and Insurance Credentialing:** As with EHR and IT, the partnership will examine the feasibility of creating a shared system for handling client billing for both public and private insurance. By extension, this will also mean the credentialing of partner agencies with each provider—a process which is quite expensive and inefficient for small, less than full-time clinical providers to engage in.

Larry D. Marshall
Health Commissioner



August 31, 2012

TO: Jason Orcena, Union County Health Commissioner
FROM: Dale Palmer, Mercer County Public Health Administrator
SUBJECT: Billing/EMR Local Government Innovation Grant

Dear Jason Orcena:

Please accept this letter as confirmation of our interest in enjoining in the Billing/EMR Local Government Innovation Grant, as denoted below in the project overview conditions.

Project Overview:

The intent of the partnership is to examine the potential for sharing ancillary services necessary for the efficient operation of modern clinic services given changes in both state and federal regulations.

To this end, the partnership will conduct a feasibility study to determine the efficiencies to be gain by jointly sharing the following operations:

- 1) **Electronic Health Records (EHR):** New requirements in health care delivery make it necessary for all clinical providers who engage in services for the Medicaid and Medicare population to use an electronic health record. These systems are quite expensive to both implement and maintain. So the partnership will specifically examine the joint purchase of an EHR to serve multiple clinical sites within multiple jurisdiction with the hope that such a purchase will reduce the per unit cost and implementation expense.
- 2) **Information Technology (IT) Support:** As Identified in (1), an EHR system is a significant investment that requires extensive support to be maintained and utilized fully. The partnership will examine the feasibility of maintaining a shared IT service specifically designed to maintain the EHR system.
- 3) **Billing and Insurance Credentialing:** As with EHR and IT, the partnership will examine the feasibility of creating a shared system for handling client billing for both public and private insurance. By extension, this will also mean the credentialing of partner agencies with each provider—a process which is quite expensive and inefficient for small, less than full-time clinical providers to engage in.

Each participating LHD agrees to the following regarding the Local Government Shared Clinical Services Project:

1. Participate in project group meetings on a regular basis
2. Contribute up to \$2000 in in-kind support to the project, with documentation
3. Keep their board of health informed about project status
4. If project is deemed feasible, present project recommendations to board of health for consideration

DFP/dfp



Morrow County Health Department

"Your Partner in Prevention and Preparedness"

619 West Marion Road • Mt. Gilead, OH 43338

Phone (419) 947-1545 • Fax (419) 946-6807

www.MorrowCountyHealth.org • mchdpip@odh.ohio.gov

September 4, 2012

Beth E. Bickford, MS, RN, CAE
Executive Director, Association of Ohio Health Commissioners
110 A Northwoods Blvd.
Columbus, OH 43235

Re: Memorandum of Agreement

This memo shall serve as confirmation of the Morrow County Health Department's interest in and agreement to participate in a feasibility study to determine the efficiencies to be gained by jointly sharing the following operations:

- 1) **Electronic Health Records (EHR):** New requirements in health care delivery make it necessary for all clinical providers who engage in services for the Medicaid and Medicare population to use an electronic health record. These systems are quite expensive to both implement and maintain. So the partnership will specifically examine the joint purchase of an EHR to serve multiple clinical sites covering multiple jurisdictions, with hopes that such a purchase will reduce the per unit cost and implementation expense.
- 2) **Information Technology (IT) Support:** As Identified in (1), an EHR system is a significant investment that requires extensive support to be maintained and utilized fully. The partnership will examine the feasibility of maintaining a shared IT service specifically designed to maintain the EHR system.
- 3) **Billing and Insurance Credentialing:** As with EHR and IT, the partnership will examine the feasibility of creating a shared system for handling client billing for both public and private insurance. By extension, this will also mean the credentialing of partner agencies with each provider—a process which is quite expensive and inefficient for small, less than full-time clinical providers to engage in.

Thank you for your study of these related issues. Where collaboration could result in improved efficiency and/or quality for the residents of Morrow County, the Morrow County Health Department is interested in exploring partnerships.

Sincerely,

Angela J. Smith, MPH
Health Commissioner



NOBLE COUNTY HEALTH DEPARTMENT

44069 Marietta RD Caldwell, OH 43724-9124
PHONE: 740 732 4958 • TOLL FREE: 888 70 NOBLE • FAX: 740 732 5043 • E-MAIL: noblcohd@odh.ohio.gov or info@noblecohd.org

August 31, 2012

Jason Orcena, MA
Health Commissioner
Union County Health Department
940 London Ave., Suite 1100
Marysville, Ohio 43040

RE: MOA regarding Local government Shared Clinical Services Project.

Mr. Orcena,

I am proud to announce this department's agreement join in this project. As you may recall, I have been advocating this same concept for the past several months. I am elated that you and your department have dedicated the time and effort to make the application for funds to study the feasibility.

You can count on this department and myself to:

1. Actively participate in the project group meetings.
2. Acknowledge and will contribute up to \$2000.00 in in-kind support to the project.
3. Keep our board of health informed about the project status.
4. If the project is deemed feasible, we will present project recommendations to our board of health for consideration of joining the project.

Again, I fully support this effort and I believe its success is vital to Ohio's Local Public Health Department's continued ability to provide clinical services to their local communities.

Sincerely;

Shawn E. Ray, RS, MPH
Health Commissioner



940 London Ave
Suite 1100
Marysville, Ohio 43040

Administration
Environmental Health
Health Education
(937) 642-2053
Fax: (937) 645-3047

Help Me Grow
Nursing
(937) 642-2053
Fax: (937) 642-9725

Toll Free
1-888-333-9461

WEB Address
www.uchd.net

HEALTH COMMISSIONER
Mr. Jason E. Orcena, MA

BOARD OF HEALTH
Mr. James "Al" Channell
President

Mr. Rod Goddard
Vice-President

Ms. Donna Burke

Dr. Carol Karrer

Dr. Justin Krueger

Mr. Eric Milholland

Mr. Keith Watson

Our mission is to protect the health, safety and well-being of all Union County by providing quality public health services.

**An equal opportunity
employer/ provider**

In re: Memorandum of Agreement

This memo shall serve as Union County General Health District's interest in and agreement with a feasibility study to determine the efficiencies to be gain by jointly sharing the following operations:

- 1) **Electronic Health Records (EHR):** New requirements in health care delivery make it necessary for all clinical providers who engage in services for the Medicaid and Medicare population to use an electronic health record. These systems are quite expensive to both implement and maintain. So the partnership will specifically examine the joint purchase of an EHR to serve multiple clinical sites within multiple jurisdiction with the hope that such a purchase will reduce the per unit cost and implementation expense.
- 2) **Information Technology (IT) Support:** As Identified in (1), an EHR system is a significant investment that requires extensive support to be maintained and utilized fully. The partnership will examine the feasibility of maintaining a shared IT service specifically designed to maintain the EHR system.
- 3) **Billing and Insurance Credentialing:** As with EHR and IT, the partnership will examine the feasibility of creating a shared system for handling client billing for both public and private insurance. By extension, this will also mean the credentialing of partner agencies with each provider—a process which is quite expensive and inefficient for small, less than full-time clinical providers to engage in.

Sincerely,

Jason E. Orcena,
Health Commissioner



WASHINGTON COUNTY GENERAL HEALTH DISTRICT

An Equal Opportunity Employer

342 Muskingum Drive
Marietta, Ohio 45750
Phone (740) 374-2782
Fax (740) 376-7074
www.washco-ohhealth.org



Public Health
Prevent. Promote. Protect.

Memorandum of Understanding

The Washington County Health Department recognizes the need to partner with other local health departments to share ancillary services necessary for the efficient operation of modern clinic services given the changes in both state and federal regulations.

To this end, the partnership will conduct a feasibility study to determine the efficiencies to be gain by jointly sharing the following operations:

- 1) **Electronic Health Records (EHR):** New requirements in health care delivery make it necessary for all clinical providers who engage in services for the Medicaid and Medicare population to use an electronic health record. These systems are quite expensive to both implement and maintain. So the partnership will specifically examine the joint purchase of an EHR to serve multiple clinical sites within multiple jurisdiction with the hope that such a purchase will reduce the per unit cost and implementation expense.
- 2) **Information Technology (IT) Support:** As Identified in (1), an EHR system is a significant investment that requires extensive support to be maintained and utilized fully. The partnership will examine the feasibility of maintaining a shared IT service specifically designed to maintain the EHR system.
- 3) **Billing and Insurance Credentialing:** As with EHR and IT, the partnership will examine the feasibility of creating a shared system for handling client billing for both public and private insurance. By extension, this will also mean the credentialing of partner agencies with each provider—a process which is quite expensive and inefficient for small, less than full-time clinical providers to engage in.

The Washington County Health Department agrees to the following regarding the Local Government Shared Clinical Services Project:

1. Participate in project group meetings on a regular basis
2. Contribute up to \$2000 in in-kind support to the project, with documentation
3. Keep their board of health informed about project status
4. If project is deemed feasible, present project recommendations to board of health for consideration

For the Washington County Health Department:

A handwritten signature in black ink, appearing to read 'Kathleen Schuchman'.

Health Commissioner



110 A Northwoods Blvd
Columbus, OH 43235
614-781-9556
www.aohc.net
aohc_1@aohc.net

September 4, 2012

Jason Orcena, Health Commissioner
Union County Health Department
110 London Ave.
Marysville, OH

Dear Mr. Orcena:

On behalf of the Association of Ohio Health Commissioners, I write this letter to commit AOHC to participating in a feasibility study to determine the efficiencies to be gained by jointly sharing the following operations across local health districts in Ohio:

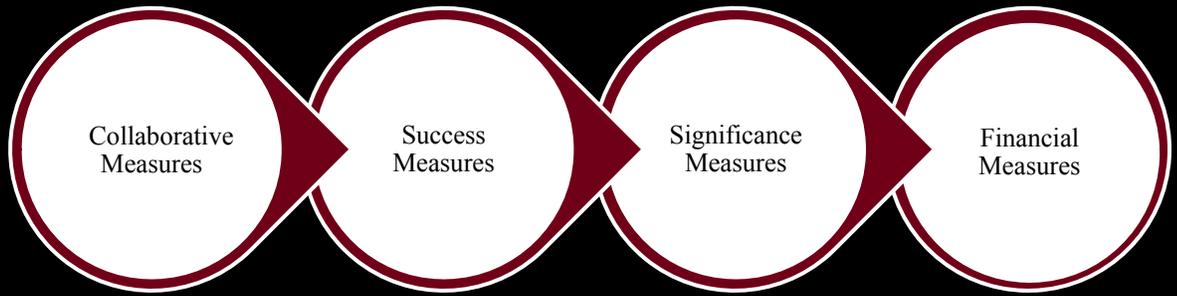
- 1) **Electronic Health Records (EHR):** New requirements in health care delivery make it necessary for all clinical providers who engage in services for the Medicaid and Medicare population to use an electronic health record to gain enhanced reimbursement and avoid reimbursement penalties in the future. These systems are quite expensive to both implement and maintain. The feasibility project will specifically examine the joint purchase of an EHR to serve multiple clinical sites within multiple jurisdiction with the hope that such a purchase will reduce the per unit cost and implementation expense.
- 2) **Information Technology (IT) Support:** As identified in (1), an EHR system is a significant investment that requires extensive support to be maintained and utilized fully. The project will examine the feasibility of maintaining a shared IT service specifically designed to maintain the EHR system.
- 3) **Billing and Insurance Credentialing:** As with EHR and IT, the partnership will examine the feasibility of creating a shared system for handling client billing for both public and private insurance. By extension, this will also mean the credentialing of partner agencies with each provider—a process which is quite expensive and inefficient for small, less than full-time clinical providers to engage in.

AOHC will be participating in this feasibility study to: facilitate the dialogue among the local health districts in the project, to offer a possible structural/governance option through a public-private partnership for any joint ventures proposed through the feasibility study, and to assist with expanding the solution, as proposed through this study, to other local health districts across the state.

Sincerely,

A handwritten signature in black ink that reads 'Beth E. Bickford'. The signature is written in a cursive, flowing style.

Beth Bickford, MS, RN, CNS, CAE
Executive Director



Round 3: Application Form

Local Government Innovation Fund

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

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

LGIF: Applicant Profile

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

Office of Redevelopment

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

Email: LGIF@development.ohio.gov

Phone: 614 | 995 2292

Lead Applicant		Round 3	
Project Name		Type of Request	

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

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

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

Section 1
Contacts

Lead Applicant		Round 3	
Project Name		Type of	

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

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

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

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	

Nature of Partnership (2000 character limit)

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

Section 2
Collaborative Partners

List of Partners

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

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

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

Lead Applicant		Round 3		
Project Name		Type of Request		

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

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

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

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

Section 2 Collaborative Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

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

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

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

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

Section 2 Collaborative Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

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

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

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

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

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	

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

In-Kind Match (List Sources Below):

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

Total Match:
Total Sources:

Uses of Funds

	<u>Amount</u>	<u>Revenue Source</u>
Consultant Fees: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Legal Fees: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Total Uses:
Local Match Percentage:

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

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

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

Section 4
Financial Information

Lead Applicant		Round 3
Project Name		Type of Request

Program Budget

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

Lead Applicant		Round 3	
Project Name		Type of Request	

Program Budget

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

Lead Applicant		Round 3
Project Name		Type of Request

Program Budget

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

Section 4: Financial Information Scoring

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

Lead Applicant		Round 3	
Project Name		Type of Request	

Return On Investment

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

Return on Investment Formulas:

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

Do you expect cost savings from efficiency from the project?

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

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

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

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

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

Expected Return on Investment = _____ * 100 = _____

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

Expected Return on Investment is:

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

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

Section 4
Financial Information

Lead Applicant		Round 3	
Project Name		Type of Request	

Loan Repayment Structure

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

Section 4
Financial Information

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

Applicant clearly demonstrates a secondary repayment source (5 points)	Applicant does not have a secondary repayment source (0 points)
--	---

Lead Applicant		Round 3	
Project Name		Type of Request	

Scoring Overview

Section 1: Collaborative Measures

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

Section 2: Success Measures

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

Section 3: Significance Measures

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

Section 4: Financial Measures

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

Total Points

Bent, Nicole

From: Jason Orcena <jason.orcena@uchd.net>
Sent: Monday, October 22, 2012 4:17 PM
To: lgif
Subject: cure--One Office: Local Health Department Clinical Support Shared Services
Attachments: LGIF Rd 3 Application-One Office Partnership LHD corrected oct 2012.pdf; Local Government Innovation Fund Completeness Review-Response Union County LHD.docx; Resolution LGIF One Office.pdf

Dear LGIF Reviewers:

Attached for your review is a response to the initial review, signed resolutions, and a corrected LGIF RD 3 application. Responses to the reviewers is also provided below. If there are any further questions, please do not hesitate to ask. Thank you for the opportunity to apply.

Local Government Innovation Fund Completeness Review

Applicant: Union County Health Department

Project Name: One Office: Local Health Department Clinical Support Shared Services

Issues for Response

1. Format

The Application front page is missing the funding request information and states 10 collaborative partners, while only 8 are listed. Please reconcile.

The correct number of collaborative partners is the applicant health department, seven local health districts, and the Association of Ohio Health Commissioners for a total of nine (9) participating agencies including the applicant county.

2. Request

Application is for an eligible request.

3. Project Budget

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

The total budget request was in error. The LGIF request is for \$55,000 for a total project budget of \$65,000 (not \$66,000 as listed). In the narrative, the technology assessment is budgeted for \$15,000.

4. Program Budget

The application includes six years of appropriate program budgets.

5. Return on Investment

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

6. Resolutions of Support

All listed collaborative partners have provided a resolution of support for the application.

7. Partnership Agreements

None of the collaborative partners have signed a partnership agreement for the purposes of this application.

8. 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.

Six of the original nine were able to secure resolutions in support of the project from their governing bodies. The other three health districts still want to be included, as do several others, however they were unable to complete the resolution in the time-frame required. The partners with resolutions include: Meigs County LHD, Union County LHD, Washington County LHD, Noble County LHD, Perry County LHD, and AOHC.

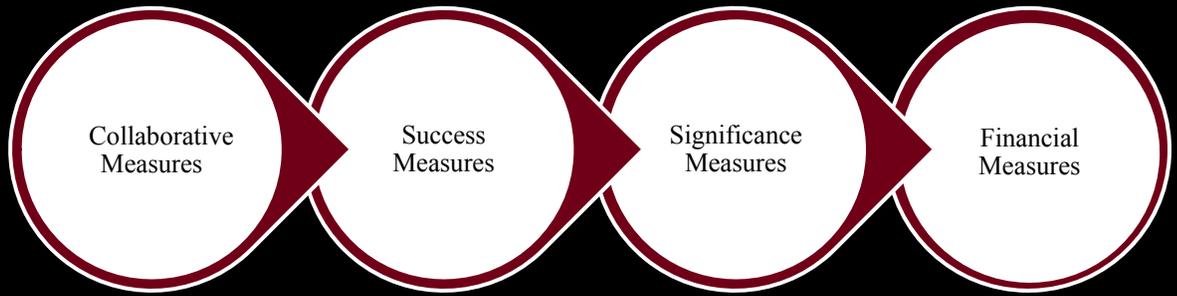
9. Other Comments

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

Jason E. Orcena,
Health Commissioner
940 London Ave., Suite 1100
Marysville, Ohio 43040
Ph. (937) 642-2053 x2044
Fx. (937) 645-3047
Jason.orcena@uchd.net

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

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

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

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

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	

Identification of the Type of Award	
Targeted Approach	

Project Description (4000 character limit)

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

Section 3
Project Information

Lead Applicant		Round 3	
Project Name		Type of Request	

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

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

Section 3
Project Information

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

Lead Applicant		Round 3	
Project Name		Type of Request	

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

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

Section 3
Project Information

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

Budget Information

General Instructions

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

Project Budget:

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

Program Budget:

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

Return on Investment:

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

For Loan Applications only:

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

Lead Applicant		Round 3	
Project Name		Type of Request	

Project Budget

Sources of Funds

LGIF Request:

Cash Match (List Sources Below):

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

In-Kind Match (List Sources Below):

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

Total Match:
Total Sources:

Uses of Funds

	<u>Amount</u>	<u>Revenue Source</u>
Consultant Fees:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Legal Fees:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Total Uses:
Local Match Percentage:

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

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

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

Section 4 Financial Information

Lead Applicant		Round 3
Project Name		Type of Request

Program Budget

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

Lead Applicant		Round 3	
Project Name		Type of Request	

Program Budget

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

Lead Applicant		Round 3
Project Name		Type of Request

Program Budget

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

Section 4: Financial Information Scoring

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

Lead Applicant		Round 3	
Project Name		Type of Request	

Return On Investment

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

Return on Investment Formulas:

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

Do you expect cost savings from efficiency from the project?

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

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

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

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

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

Expected Return on Investment = _____ * 100 = _____

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

Expected Return on Investment is:

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

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

Section 4
Financial Information

Lead Applicant		Round 3	
Project Name		Type of Request	

Loan Repayment Structure

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

Section 4
Financial Information

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

Applicant clearly demonstrates a secondary repayment source (5 points)	Applicant does not have a secondary repayment source (0 points)
--	---

Lead Applicant		Round 3	
Project Name		Type of Request	

Scoring Overview

Section 1: Collaborative Measures

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

Section 2: Success Measures

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

Section 3: Significance Measures

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

Section 4: Financial Measures

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

Total Points

Local Government Innovation Fund Completeness Review

Applicant: Union County Health Department

Project Name: One Office: Local Health Department Clinical Support Shared Services

Issues for Response

1. Format

The Application front page is missing the funding request information and states 10 collaborative partners, while only 8 are listed. Please reconcile.

The correct number of collaborative partners is the applicant health department, seven local health districts, and the Association of Ohio Health Commissioners for a total of nine (9) participating agencies including the applicant county.

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

The total budget request was in error. The LGIF request is for \$55,000 for a total project budget of \$65,000 (not \$66,000 as listed). In the narrative, the technology assessment is budgeted for \$15,000.

4. Program Budget

The application includes six years of appropriate program budgets.

5. Return on Investment

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

6. Resolutions of Support

All listed collaborative partners have provided a resolution of support for the application.

7. Partnership Agreements

None of the collaborative partners have signed a partnership agreement for the purposes of this application.

8. 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.

Six of the original nine were able to secure resolutions in support of the project from their governing bodies. The other three health districts still want to be included, as do several others, however they were unable to complete the resolution in the time-frame required. The partners with resolutions include: Meigs County LHD, Union County LHD, Washington County LHD, Noble County LHD, Perry County LHD, and AOHC.

9. Other Comments

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



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Suite 1100
Marysville, Ohio 43040

Administration
Environmental Health
Health Education
(937) 642-2053
Fax: (937) 645-3047

Help Me Grow
Nursing
(937) 642-2053
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Toll Free
1-888-333-9461

WEB Address
www.uchd.net

HEALTH COMMISSIONER
Mr. Jason E. Orcena, MA

BOARD OF HEALTH
Mr. James "Al" Channell
President

Mr. Rod Goddard
Vice-President

Ms. Donna Burke

Dr. Carol Karrer

Dr. Justin Krueger

Mr. Eric Milholland

Mr. Keith Watson

Our mission is to protect the health, safety and well-being of all Union County by providing quality public health services.

An equal opportunity employer/ provider

RESOLUTION
2012:04

WHEREAS, Section 3709 of the Ohio Revised Code established Boards of Health for the administration of health districts, and;

WHEREAS, The Board of Health of Union County has employed a Health Commissioner as the chief executive officer of the board and he is responsible for carrying out all orders of the board and of the department of health, and;

WHEREAS, the Board seeks to efficiently administer the health jurisdiction and efficiencies may be gained by cross-jurisdictional partnerships as identified in the Public Health Futures report, and;

WHEREAS, the State of Ohio has designated funds, known as the Local Government Innovation Fund, for studies in support of such activities, and;

NOW THEREFORE BE IT RESOLVED, the Board of Health hereby orders the Health Commissioner, or his designee, to engage in a feasibility study with other health jurisdictions to examine the potential for shared, clinical support services associated with:

- 1) Electronic Health Records (EHR);
- 2) Information Technology (IT) Support necessary to maintain EHRs, and;
- 3) Billing and Insurance Credentialing.

The Board further orders the Health Commissioner, or his designee, to contribute an in-kind contribution of staff time of up to \$2,000 towards any LGIF grant that may be applied for in support of the activities identified herein.

A copy of such RESOLUTION is hereby forwarded to the Union County Board of Health.

This RESOLUTION moved by W. Goddard and seconded by D. Krueger this 19th day of September, 2012.

Upon roll call, the Board of Health members vote as follows:

<u>[Signature]</u> Mr. James "Al" Channell	<u>DNR</u>	<u>[Signature]</u> Mr. Rod Goddard
<u>[Signature]</u> Dr. Carol Karrer	<u>yes</u>	<u>[Signature]</u> Mr. Keith Watson
<u>[Signature]</u> Ms. Donna Burke	<u>yes</u>	<u>[Signature]</u> Mr. Eric Milholland
<u>[Signature]</u> Dr. Justin Krueger	<u>yes</u>	<u>[Signature]</u> Jason E. Orcena, MA, Sect'y Bd.



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www.aohc.net
aohc_1@aohc.net

RESOLUTION

WHEREAS, Section 3709 of the Ohio Revised Code established Boards of Health for the administration of health districts, and;

WHEREAS, The Association of Ohio Health Commissioners (AOHC) has as its members the health commissioners of the local health districts, and;

WHEREAS, the AOHC Board seeks to support its members through jurisdictional partnerships as identified in the Public Health Futures report, and;

WHEREAS, the State of Ohio has designated funds, known as the Local Government Innovation Fund, for studies in support of such activities, and;

NOW THEREFORE BE IT RESOLVED, the Board of AOHC hereby orders the Executive Director, or her designee, to engage in a feasibility study with selected local health jurisdictions to examine the potential for shared, clinical support services associated with:

- 1) Electronic Health Records (EHR);
- 2) Information Technology (IT) Support necessary to maintain EHRs, and;
- 3) Billing and Insurance Credentialing.

The Board further orders the Executive Director, or her designee, to contribute an in-kind contribution of staff time of up to \$2,000 toward any LGIF grant that may be applied for in support of the activities identified herein.

This **RESOLUTION** moved by Shawn Ray and seconded by Shelia Hiddleson this 17th day of October 2012.

A handwritten signature in black ink that reads 'Beth E. Bickford'. The signature is written in a cursive, flowing style.

Beth Bickford
Secretary, AOHC Board of Directors

Perry County Health Department

212 SOUTH MAIN STREET - PO BOX 230
NEW LEXINGTON, OHIO 43764
PHONE (740) 342-5179
FAX (740) 342-5540

Administrative Resolution
Perry County Health Department
A2012-004

By virtue of motion carried by majority vote; we, the Perry County Board of Health, on this the 12th day of September 2012 hereby resolve to support and participate in the Local Government Shared Clinical Services Project as per the attached project narrative. It is further agreed that the Perry County Health Department will contribute \$2,000.00 in in-kind support to the project, with documentation.

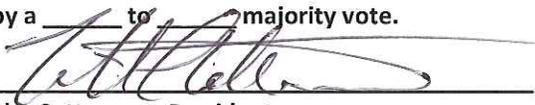
So moved by: Atty. Linda Smith

Seconded by: Stephen C. Ulrich, MD

Verbal roll call voting results were as follows:

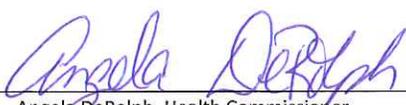
Timothy Cotterman, President	<u>TU</u> Yea	___ Nay
Dzidra Brown, Vice President	___ Yea	___ Nay
Jim Clouse, Board Member	<u>JC</u> Yea	___ Nay
Carole Coiner, Board Member	<u>CC</u> Yea	___ Nay
Richard Ruff, Board Member	<u>RR</u> Yea	___ Nay
Atty. Linda Smith, Board Member	<u>LS</u> Yea	___ Nay
Stephen C. Ulrich, MD, Board Member	<u>✓</u> Yea	___ Nay

Resolution so approved by a to majority vote.

So Attest: 
Timothy Cotterman, President

Resolution prepared by Tina Watkins, Fiscal Officer, and presented to Angela DeRolph, Health Commissioner, for review and submission to the Perry County Board of Health for final review and final approval on this the 12th day of September 2012.

Tina Watkins
Tina Watkins, Fiscal Officer


Angela DeRolph, Health Commissioner

Perry County Health Department

212 SOUTH MAIN STREET - PO BOX 230

NEWLEXINGTON, OHIO 43764

PHONE (740) 342-5179

FAX (740) 342-5540

The Perry County Board of Health agrees to participate in the Local Government Shares Clinical Services Project to conduct a feasibility study to determine the efficiencies to be gained by jointly sharing the following operations:

- 1) **Electronic Health Records (EHR):** New requirements in health care delivery make it necessary for all clinical providers who engage in services for the Medicaid and Medicare population to use an electronic health record. These systems are quite expensive to both implement and maintain. So the partnership will specifically examine the joint purchase of an EHR to serve multiple clinical sites within multiple jurisdiction with the hope that such a purchase will reduce the per unit cost and implementation expense.
- 2) **Information Technology (IT) Support:** As Identified in (1), an EHR system is a significant investment that requires extensive support to be maintained and utilized fully. The partnership will examine the feasibility of maintaining a shared IT service specifically designed to maintain the EHR system.
- 3) **Billing and Insurance Credentialing:** As with EHR and IT, the partnership will examine the feasibility of creating a shared system for handling client billing for both public and private insurance. By extension, this will also mean the credentialing of partner agencies with each provider—a process which is quite expensive and inefficient for small, less than full-time clinical providers to engage in.

As part of the Local Government Shared Clinical Services Project the Perry County Board of Health supports the Perry County Health Department in participating in project group meetings on a regular basis and contributing up to \$2,000 in in-kind support to the project, with documentation. The Perry County Board of Health will receive continual updates on the project and if the project is deemed feasible will receive project recommendations for consideration.

Meigs County General Health District

Larry D. Marshall, M.A., M.F.S.
Health Commissioner

112 East Memorial Drive, Suite A, Pomeroy, OH 45769 ■ 740-992-6626 ■ FAX 740-992-0836

RESOLUTION

10 October 2012

WHEREAS, Section 3709 of the Ohio Revised Code established Boards of Health for the administration of health districts, and;

WHEREAS, The Board of Health of Meigs County has employed a Health Commissioner as the chief executive officer of the board and he is responsible for carrying out all orders of the board and of the department of health, and;

WHEREAS, the Board seeks to efficiently administer the health jurisdiction and efficiencies may be gained by cross-jurisdictional partnerships as identified in the Public Health Futures report, and;

WHEREAS, the State of Ohio has designated funds, known as the Local Government Innovation Fund, for studies in support of such activities, and;

NOW THEREFORE BE IT RESOLVED, the Board of Health hereby orders the Health Commissioner, or his designee, to engage in a feasibility study with other health jurisdictions to examine the potential for shared, clinical support services associated with:

- 1) Electronic Health Records (EHR);
- 2) Information Technology (IT) Support necessary to maintain EHRs, and;
- 3) Billing and Insurance Credentialing.

The Board further orders the Health Commissioner, or his designee, to contribute an in-kind contribution of staff time of up to \$2,000 towards any LGIF grant that may be applied for in support of the activities identified herein.

Upon roll call, the Board of Health members vote as follows:

Roger C Gaul 10-10-12

Mr. Roger Gaul

James Witherell 10/11/12

Dr. James Witherell

Ms. Donna Corsi

Mr. Gene Jeffers

Jim Clifford, Jr. 10/11/12

Mr. Jim Clifford, Jr.

Larry Marshall 10/10/12
Larry Marshall, Health Commissioner and Sect'y Bd.



WASHINGTON COUNTY GENERAL HEALTH DISTRICT

An Equal Opportunity Employer

342 Muskingum Drive
Marietta, Ohio 45750
Phone (740) 374-2782
Fax (740) 376-7074
www.washco-ohhealth.org



Public Health
Prevent. Promote. Protect.

Resolution 2012-06

Whereas, Section 3709 of the Ohio Revised Code established Boards of Health for the administration of health districts, and:

Whereas, The Washington county Board of Health has employed a Health Commissioner as the chief executive officer of the board and she is responsible for carrying out all orders of the board and of the department of health' and;

Whereas, the Board seeks to efficiently administer the health jurisdiction and efficiencies may be gained by cross-jurisdictional partnerships as identified in the Public Health Futures report. And;

Whereas the State of Ohio has designated funds, known as the Local Government Innovation Fund, for studies in support of such activities, and;

Now, therefore, be it resolved, the Board of Health hereby orders the Health Commissioner, or her designee, to engage in a feasibility study with other health jurisdictions to examine the potential for shared, clinical support services associated with:

- 1) Electronic Health Records (EHR);
- 2) Information Technology (IT) Support necessary to maintain EHRs, and;
- 3) Billing and Insurance Credentialing

The Board further orders the Health Commissioner, or her designee, to contribute an in-kind contribution of staff time of up to \$2,000 towards any LGIF grant that may be applied for support of the activities identified herein.

A copy of such resolution is hereby forwarded to the Washington County Board of Health.



NOBLE COUNTY HEALTH DEPARTMENT

44069 Marietta RD Caldwell, OH 43724-9124
PHONE: 740 732 4958 • TOLL FREE: 888 70 NOBLE • FAX: 740 732 5043 • E-MAIL: noblcohd@odh.ohio.gov or info@noblecohd.org

RESOLUTION 2012:01

WHEREAS, Section 3709 of the Ohio Revised Code established Boards of Health for the administration of health districts, and;

WHEREAS, The Board of Health of Noble County has employed a Health Commissioner as the chief executive officer of the board and he is responsible for carrying out all orders of the board and of the department of health, and;

WHEREAS, the Board seeks to efficiently administer the health jurisdiction and efficiencies may be gained by cross-jurisdictional partnerships as identified in the Public Health Futures report, and;

WHEREAS, the State of Ohio has designated funds, known as the Local Government Innovation Fund, for studies in support of such activities, and;

NOW THEREFORE BE IT RESOLVED, the Board of Health hereby orders the Health Commissioner, or his designee, to engage in a feasibility study with other health jurisdictions to examine the potential for shared, clinical support services associated with:

- 1) Electronic Health Records (EHR);
- 2) Information Technology (IT) Support necessary to maintain EHRs, and;
- 3) Billing and Insurance Credentialing.

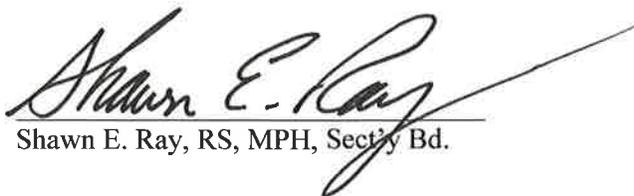
The Board further orders the Health Commissioner, or his designee, to contribute an in-kind contribution of staff time of up to \$2,000 towards any LGIF grant that may be applied for in support of the activities identified herein.

A copy of such **RESOLUTION** is hereby forwarded to the Union County Board of Health.

This **RESOLUTION** moved by Linda Van Fleet and seconded by Dr. Alan Spencer this 13th day of September, 2012.

Upon roll call, the Board of Health members vote as follows:

Mrs. Kristie Close	Yea
Mrs. Teresa Stewart	Yea
Dr. R. Alan Spencer, DO	Yea


Shawn E. Ray, RS, MPH, Sect'y Bd.