

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	
				<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: 95%; height: 20px;" type="text"/>
Source:	<input style="width: 95%; height: 20px;" type="text"/>
Source:	<input style="width: 95%; height: 20px;" type="text"/>
Source:	<input style="width: 95%; height: 20px;" type="text"/>

In-Kind Match (List Sources Below):

Source:	<input style="width: 95%; height: 20px;" type="text"/>
Source:	<input style="width: 95%; height: 20px;" type="text"/>
Source:	<input style="width: 95%; height: 20px;" type="text"/>

Total Match:
Total Sources:

Uses of Funds

	<u>Amount</u>	<u>Revenue Source</u>
Consultant Fees:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Legal Fees:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Total Uses:
Local Match Percentage:

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

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

Project Budget Narrative: Use this space to justify any expenses that are not self-explanatory.

Section 4
Financial Information

Lead Applicant		Round 3
Project Name		Type of Request

Program Budget

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

Lead Applicant		Round 3	
Project Name		Type of Request	

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Amount	Amount	Amount
Salary and Benefits			
Contract Services			
Occupancy (rent, utilities, maintenance)			
Training and Professional Development			
Insurance			
Travel			
Capital and Equipment Expenses			
Supplies, Printing, Copying, and Postage			
Evaluation			
Marketing			
Conferences, meetings, etc.			
Administration			
*Other - _____			
*Other - _____			
*Other - _____			
TOTAL EXPENSES			
Revenues	Revenues	Revenues	Revenues
Contributions, Gifts, Grants, and Earned Revenue			
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 usual revenues or expenses (6000 characters max).

Section 4: Financial Information Scoring

(5 points) Applicant provided complete and accurate budget information and narrative justification for a total of six fiscal years.

(3 points) Applicant provided complete and accurate budget information and for at least three fiscal years.

(1 point) Applicant provided complete and accurate budget information for less than three fiscal years.

Lead Applicant		Round 3	
Project Name		Type of Request	

Return On Investment

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

Return on Investment Formulas:

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

Do you expect cost savings from efficiency from the project?

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

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

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

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

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

Expected Return on Investment = _____ * 100 = _____

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

Expected Return on Investment is:

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

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

Section 4
Financial Information

Lead Applicant		Round 3	
Project Name		Type of Request	

Loan Repayment Structure

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

Section 4
Financial Information

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

Applicant clearly demonstrates a secondary repayment source (5 points)	Applicant does not have a secondary repayment source (0 points)
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Lead Applicant		Round 3	
Project Name		Type of Request	

Scoring Overview

Section 1: Collaborative Measures

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

Section 2: Success Measures

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

Section 3: Significance Measures

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

Section 4: Financial Measures

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

Total Points

URBANA TOWNSHIP
CHAMPAIGN COUNTY

BUILDING LOCATION: 2564 St. Rt. 54
MAILING ADDRESS: 1074 W. Hickory Grove Road, Urbana, Ohio 43078

TRUSTEES

Lewis Terry
937-653-7920
Roger Koerner
937-484-5359
James Coon
937-652-2419

FISCAL OFFICER

Ruth Rooney
937-484-3051

Chief Stan Crosley
236 Sand Piper Place
Sidney, Ohio 45365

Re: Fire District Study

During regular session of the Urbana Township Board of Trustees on Monday, July 2, 2012, the Champaign County Southesast Fire District Study was discussed with the cost to be \$5,000 to \$20,000 to be divided between the Village of Mechanicsburg, Goshen Township, Salem Township, Union Township, and Urbana Township.

After discussion, Mr. Koerner moved to adopt the resolution to have Urbana Township participate in the District Study. Mr. Coon seconded the Resolution. Roll call was as follows:

Mr. Terry, yes; Mr. Koerner, yes; Mr. Coon yes.

If you have further questions, please contact me or the Urbana Township Trustees.

Thank you

Ruth Rooney

Ruth Rooney
Fiscal Officer
H# 937-484-3051
C# 937-760-1075

Goshen Township Board of Trustees Champaign County

Mr. Timothy D. Cassady, President
Mr. Donald K Rutan, V. President
Mr. Charles S. Cooper, Trustee

Mrs. Leota Rader, Fiscal Officer
250 West Main Street
Mechanicsburg, Ohio 4304
937-834-3272

Goshen Township Trustees
60 Mill Street
Mechanicsburg, Ohio 43044

RE: Fire District Study

Goshen Township Trustees:

At the regular scheduled meeting of the Goshen Township Trustees on May 1, 2012 Trustee Tim Cassady presented the Fire District Partnership Agreement drafted by the Champaign County Prosecutors Office. This agreement is for the purpose of conducting a study exploring the possibility of forming a Fire and Emergency Medical District with the following entities, Village of Mechanicsburg, Goshen, Union, Urbana, and Salem Townships. The cost of the study could be \$5000 to \$20,000 and would be divided up evenly between the participating entities.

After much discussion, Mr. Cassady made the motion to join the other entities in conducting such study.

Mr. Cooper seconded the motion and the resolution passed with the following vote:

Mr. Casady, yes; Mr. Cooper, yes; Mr. Rutan, yes

If you have any further questions, please contact any of the Township Trustees or our Fiscal Officer.

Thank you,

Tim Cassady
President, Goshen Township
Home 937-834-2222
Cell 937-470-0001



Union Township Trustees

Champaign County ♦ Ohio

February 13, 2012

Urbana Township Trustees
1074 W. Hickory Grove Road
Urbana, Ohio 43078

RE: Fire District Study

Urbana Township Trustees:

The Union Township Trustees held their regular meeting on February 13, 2012, at which time the Fire District Study was discussed. The cost of the study will be divided between the Village o Mechanicsburg, Goshen Township, Salem Township, Union Township, and Urbana Township.

After detailed discussion, Mr. Virts moved to have Union Township participate in the Fire District Study. Mr. Dooley seconded the motion. Vote was Dooley –Aye; Virts – Aye; Williams – Aye.

Sincerely

Vicki J. House
Union Township Fiscal Officer

SALEM TOWNSHIP BOARD OF TRUSTEES

Mr. Rick Clyburn, President
Mr. Thomas K. Smith, V. Pres.
Mr. Howard Wilkins, Trustee

Mrs. Jeanie Crabtree, Fiscal Officer
3293 Clark Road
Urbana, OH 43078
937-652-3030

Feb. 20, 2012

Urbana Township Trustees
1074 W. Hickory Grove Rd.
Urbana, OH 43078

RE: Fire District Study

Urbana Township Trustees:

During regular session of the Salem Township Board of Trustees on Tuesday, February 14, 2012, the Champaign County Southeast Fire District Study was discussed with the cost to be \$5,000 to \$20,000 to be divided between the Village of Mechanicsburg, Goshen Township, Salem Township, Union Township, and Urbana Township.

After much discussion, Mr. Wilkins moved to adopt Resolution 2012-02-14-1 to have Salem Township participate in the Fire District Study.

Mr. Smith seconded the motion and the Resolution passed with the vote as follows:

Mr. Clyburn, yes; Mr. Smith, yes; Mr. Wilkins, yes.

If you have further questions, please contact me or the Salem Township Trustees.

Thank you,



Jeanie Crabtree
Clerk/Fiscal Officer
H# 652-3030
C# 408-1830

1st Reading 4/16/12
2nd Reading 5/7/12
3rd Reading 5/21/12
Passed 5/21/12 - 6-0

RESOLUTION NO. 12-02

A RESOLUTION ACKNOWLEDGING SUPPORT AND FUNDING FOR A STUDY THROUGH THE OHIO FIRE CHIEFS ASSOCIATION TO DETERMINE THE FEASIBILITY OF THE ESTABLISHMENT OF A FIRE AND EMERGENCY MEDICAL SERVICES DISTRICT BETWEEN THE VILLAGE OF MECHANICSBURG, UNION TOWNSHIP, GOSHEN TOWNSHIP, URBANA TOWNSHIP AND SALEM TOWNSHIP.

WHEREAS, the Village of Mechanicsburg controls the Village of Mechanicsburg Fire and Emergency Medical Services Department; and

WHEREAS, the Village of Mechanicsburg has experienced long-term financial hardship in funding the Department; and

WHEREAS, during the past five years, the Village and the above-named townships in Champaign County, Ohio, have had ongoing informal discussions about the possibility of creating of a Fire and EMS district to serve the citizens of all the incorporated and unincorporated areas within the Village and Townships;

WHEREAS, the creation of a joint fire and EMS district would reduce the financial burden borne by the taxpayers of the Village of Mechanicsburg; and

WHEREAS, the four townships and the Village of Mechanicsburg have been advised by the Ohio Fire Chiefs Association that a feasibility study is necessary to support beneficial and meaningful discussion and eventual decision making by the entities on this issue; and

WHEREAS, the Ohio Fire Chiefs Association has the ability and expertise needed to conduct a feasibility study; and

WHEREAS, the Ohio Fire Chiefs Association is willing and capable of applying for grant monies that may cover the cost of the feasibility study to determine if shared services or mergers would be beneficial to the local community, and the Ohio Fire Chiefs Association anticipates that this feasibility study would qualify as one that would be supported by state funds through the Ohio Department of Development;

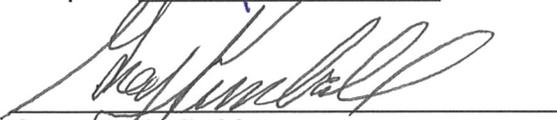
NOW BE IT THEREFORE RESOLVED by the Council of the Village of Mechanicsburg, Ohio, as follows:

1. The Council, the legislative authority of the Village of Mechanicsburg, hereby identifies its role as a partner in this project and hereby expresses its support of a feasibility study to be conducted by the Ohio Fire Chiefs Association;
2. The Council also expresses its support and give express permission to the Ohio Fire Chiefs Association to apply for state grant monies in order to pay for the feasibility study on behalf of the Village of Mechanicsburg;

3. The Council hereby acknowledges that such feasibility study will likely cost \$19,750;
4. That the Village of Mechanicsburg hereby acknowledges responsibility for one-fifth of the fee for the feasibility study, or \$3,950;
5. That the Village of Mechanicsburg may be expected to pay its portion of the costs for the study up-front, and depending upon the success of the grant application, the Ohio Department of Development may or may not choose to fund the study and reimburse the Village for some of the costs, potentially up to 90 percent;
6. The Village of Mechanicsburg will be entirely responsible for its one-fifth portion of the costs of the study if the Department of Development declines to fund the study;
7. The Village of Mechanicsburg reserves the right, at a later date, to further support or to decline to support the creation of a Fire and EMS district, and that the purpose of the study is to aid the council in making informed decisions;
8. It is anticipated the Champaign County Prosecutor's Office will draft and circulate a partnership agreement among the townships and the Village for consideration and adoption by the Council of the Village of Mechanicsburg;
9. It is hereby found and determined that all formal actions of this Council concerning and relating to the passage of this resolution were adopted in open meetings of this Council and that the deliberations of this Council and any of its committees that resulted in such formal actions were in meetings open to the public, in compliance with all legal requirements including section 121.22 of the Ohio Revised Code;

First Reading:	April 16, 2012	Vote: Motion <u>6</u> ; yea ___ nay ___
Second Reading:	May 2, 2012	Vote: Motion <u>6</u> ; yea ___ nay ___
Third Reading:	May 21, 2012	Vote: Motion <u>6</u> ; yea ___ nay ___

Adopted MAY 21, 2012.



 Greg Kimball, Mayor

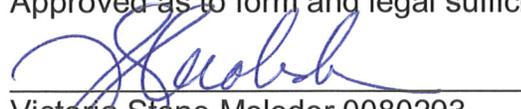


 Christian Bradford, *President of Council*

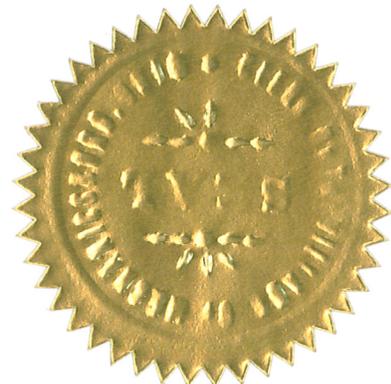


 Clerk of Council
 Published in Title Only: May ____, 2012 and June ____, 2012

Approved as to form and legal sufficiency:



 Victoria Stone Moledor 0080293
 Solicitor



PARTNERSHIP AGREEMENT

This Agreement is made and entered into as of the 24th day of May, 2012, by and among the following entities: Board of Township Trustees of Urbana Township ("Urbana"), Board of Township Trustees of Union Township ("Union"), Board of Township Trustees of Goshen Township ("Goshen"), Board of Township Trustees of Salem Township (Salem) and the Village of Mechanicsburg ("Mechanicsburg"), all public entities located within Champaign County Ohio,

In consideration of the mutual covenants herein, the Parties hereby form a Partnership upon the following terms and conditions:

**ARTICLE I
FORMATION**

The Parties hereby form a Partnership for the purpose of conducting a feasibility study to determine whether the creation of a joint Fire and/or Emergency Medical Service ("EMS") district would be a more cost effective alternative for providing public safety services to the residents of the partner entities into the future.

**ARTICLE II
TERM**

The Partnership shall commence on the date first above written and shall continue until such time as a successor district is established or until the partners otherwise dissolve this partnership as provided herein.

**ARTICLE III
RESOURCES**

The partners hereby agree to split the cost of the feasibility study, less any grants received to apply to such cost, in the event the partners further agree that a feasibility study is in its best interest and should go forward.

**ARTICLE IV
ADMINISTRATIVE PROVISIONS**

- 4.1 Management. Urbana shall be designated the Applicant in any funding or grant application and Union, Goshen, Salem and Mechanicsburg shall be designated

Contributing Partners of the Partnership.

4.2 Powers of the Applicant. Urbana shall have the authority to exercise the powers reasonably necessary in order to pursue the Partnership's purposes.

4.3 Restrictions on Powers. No Partner, including Urbana as the designated Applicant upon grant or funding applications, without the consent of all other Partners, shall:

- a. Do any act in contravention of this Agreement.
- b. Do any act which would make it impossible to carry on the purposes of the Partnership.

4.4 Liability. No Partner shall incur any liability for any mistakes or errors in judgment made in good faith and in the exercise of due care in connection with the Partnership. No Partner shall be deemed to have violated any of the provisions of this Partnership Agreement for any such mistakes or errors in judgment.

ARTICLE V DISSOLUTION AND/OR WITHDRAWAL

5.1 Dissolution of Partnership. The Partnership shall be dissolved upon the occurrence of any of the following events:

- a. The expiration of the term of the Partnership.
- b. Voluntary dissolution of the Partnership by agreement of all Partners or notice of withdrawal of all the partners.

5.2 Non-Termination of Partnership. The Partnership shall not be terminated by the withdrawal of any Partner, or by the admission of a new Partner.

5.3 Withdrawal of a Partner. A partner may withdrawal at any time with notice to the other partners without further liability, save and except any obligation agreed upon as provided in Article III herein.

ARTICLE VI REPRESENTATIVES

Each Partner hereby constitutes and appoints Applicant as its true and lawful representative, in its

name, place and stead, to make, execute, acknowledge and file all documents necessary to apply for funding to conduct a feasibility study for the purpose of determining whether the creation of a joint fire/EMS district would be a more cost effective alternative for providing public safety services to the Partners.

**ARTICLE VII
MISCELLANEOUS**

- 7.1 Execution in Counterparts. This Agreement may be executed in any number of counterparts with the same effect as if all Parties had all signed the same document. All counterparts shall be construed together and shall constitute one agreement. Each Party shall become bound by the agreement immediately upon affixing his or her signature hereto, independently of the signature of any other Party.
- 7.2 Sole Agreement. This Agreement and the exhibits hereto constitute the entire understanding of the Parties with respect to the subject matter hereof and supersede all prior agreements and understandings pertaining thereto.
- 7.3 Amendments. All modifications to this agreement shall be in writing and shall be approved by unanimous consent of the Partners.

WHEREAS, the parties hereto, duly authorized by respective resolutions, have hereunto set their hands in duplicate on this 24th day of May, 2012.

PARTNERS:

Board of Trustees of Urbana Township,
Champaign County, Ohio

Lewis Terry 6-6-12
Trustee Date

James S. Coon 6/18/12
Trustee Date

Roger Kerner 6-18-12
Trustee Date

ATTEST:

Ruth Koney 6-18-12
Fiscal Officer Date

Board of Trustees of Union Township,
Champaign County, Ohio

[Signature] 24 May 2012

Trustee Date

[Signature] Williams 5/24/12

Trustee Date

[Signature] James 5/24-12

Trustee Date

ATTEST:

[Signature] Vicki J. House 5/24/12
Fiscal Officer Date

Board of Trustees of Goshen Township,
Champaign County, Ohio

[Signature] Timothy D. Cassidy 5-25-12

Trustee Date

[Signature] Charles Stein Cooper 6-4-12

Trustee Date

[Signature] Kent 6/4/12

Trustee Date

ATTEST:

[Signature] Leta Rader 5/25/12
Fiscal Officer Date

Board of Trustees of Salem Township,
Champaign County, Ohio

[Signature] 6-6-12

Trustee Date

[Signature] Thomas Smith 6/6/12

Trustee Date

[Signature] Howard Wilkins 6/6/12

Trustee Date

ATTEST:

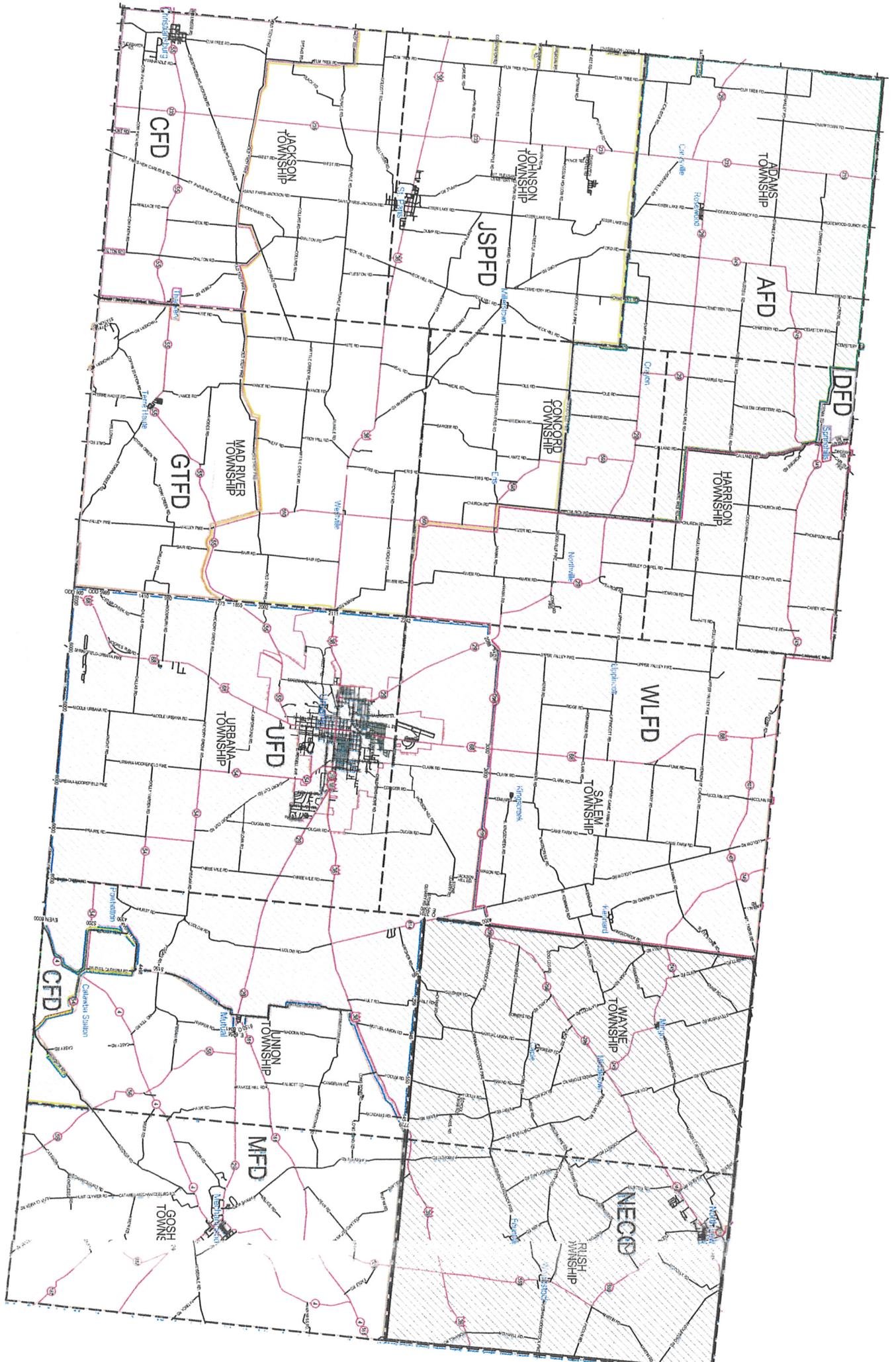
[Signature] Jeanie Cretter 6/6/2012
Fiscal Officer Date

Village of Mechanicsburg, Ohio

By: [Signature]
Mayor

ATTEST:

[Signature] Ann Huggins Davis 6/4/12
Fiscal Officer Date
VILLAGE ADMINISTRATOR



Local Government Innovation Fund
Cure – Southeast Champaign County Fire & EMS Feasibility Study

Urbana Township Application

October 17, 2012

4. Program Budget

The collaborative partners cost to provide fire and EMS services are contractual. The contractual amounts for the collaborative partners in total are as follows:

2010 - \$598,122
2011 - \$633,327
2012 - \$630,829
2013 - \$676,148
2014 - \$714,437
2015 - \$737,410
2016 - \$758,162

5. Return on Investment

A. The last three years (2010-2012) contractual amount is \$1,862,278.
The first three years (2014-2016) operating expenses of the proposed fire district is \$1,863,965.

$$\$1,862,278 - \$1,863,965 = (168,700) / 1,863,965 \times 100 = -9.05\%$$

B. Using years 2014 -2016, if the collaborative partners continue to provide services through contractual agreements the expenditures will be \$2,210,009.

$$\$2,210,009 - \$1,863,965 = 346,044 / 1,863,965 \times 100 = 18.56\%$$