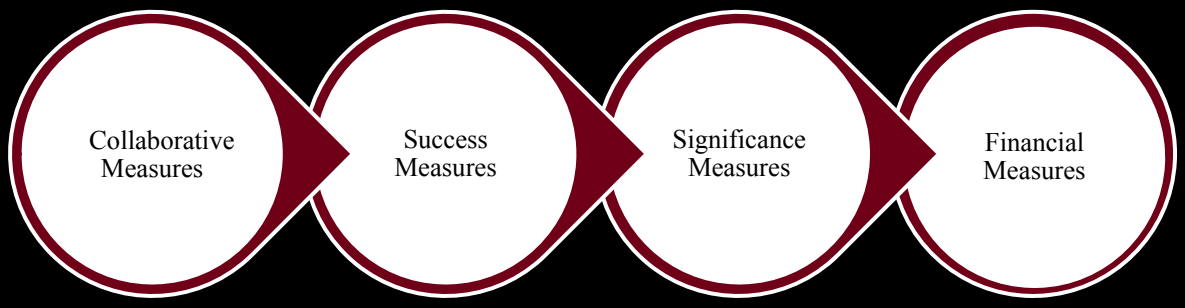

Round 3: Application Form

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	Loan
Funding Request	
JobsOhio Region	Central
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	Loan

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					

Lead Applicant		Round 3	
Project Name		Type of	Loan

Single Applicant	
Is your organization applying as a single entity?	☐ Yes ☐ No
Participating Entity: (1 point) for single applicants	**0**

Collaborative Partners	
Does the proposal involve other entities acting as collaborative partners?	☐ Yes ☐ No

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.

In the section below, applicants are required to identify population information and the nature of the partnership.

Each collaborative partner should also be clearly and separately identified on pages 4-5.

Number of Collaborative Partners who signed the partnership agreement, and provided resolutions of support.	
Participating Entity: (5 points) allocated to projects with collaborative partners.	**0**

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.	**0**	

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	Loan

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.

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	Loan

Collaborative Partners Number 1								
Address Line 1					Popuation			
Address Line 2					Municipality /Township		Population	
City		State		Zip Code	County		Population	
Email Address					Phone Number			
Resolution of Support	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ 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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ 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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ 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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ No		

Lead Applicant		Round 3	
Project Name		Type of Request	Loan

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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ 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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ 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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ 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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ No		

Lead Applicant		Round 3	
Project Name		Type of Request	Loan

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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ 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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ 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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ 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	☐ Yes ☐ No				Signed Agreement	☐ Yes ☐ No		

Lead Applicant		Round 3	
Project Name		Type of Request	Loan

Identification of the Type of Award	Planning Study
Targeted Approach	Efficiency

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	Loan

Past Success	☐ Yes ☐ No
Past Success (5 points)	**0**
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)	**0**
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)	

Probability of Success	☐ Yes ☐ No
Probability of Success (5 points)	**0**
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	Loan

Performance Audit Implementation/Cost Benchmarking	☐ Yes ☐ No
Performance Audit/Benchmarking (5 points)	0

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)	0

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)

Response to Economic Demand	☐ Yes ☐ No
Response to Economic Demand (5 points)	0

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 additonal 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	Loan

Project Budget

Sources of Funds

LGIF Request:	$1
Cash Match (List Sources Below):	
Source:	
Source:	
Source:	
Source:	
In-Kind Match (List Sources Below):	
Source:	
Source:	
Source:	
Total Match:	$0
Total Sources:	$1

Uses of Funds

	Amount	Revenue Source
Consultant Fees:		
Legal Fees:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Total Uses:	$0	
Local Match Percentage:	0.00%	

* 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	Loan

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	$0	$0	$0
	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	$0	$0	$0

Lead Applicant		Round 3	
Project Name		Type of Request	Loan

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	$0	$0	$0
	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	$0	$0	$0

Lead Applicant		Round 3	
Project Name		Type of Request	Loan

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	Loan

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 = 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 = 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 = ROI

Expected Return on Investment = $\frac{\quad}{\$1}$ * 100 = 0.00%

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

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.

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	Loan

Scoring Overview

Collaborative Measures	Description	Max Points		Applicant Self Score
Section 1: Collaborative Measures				
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**		0
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**		0
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**		0
Scalable/Replicable Proposal	Applicant's proposal can be replicated by other local governments or scaled for the inclusion of other local governments.	**10**		0
Probability of Success	Applicant provides a documented need for the project and clearly outlines the likelihood of the need being met.	**5**		0
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**		0
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**		0
Response to Economic Demand	The project responds to current substantial changes in economic demand for local or regional government services.	**5**		0
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**		0
Local Match	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	**5**		0
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**		0
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**		0
			Total Points	10