

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?		<input type="checkbox"/> Yes (Attached) <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 1
Contacts

Lead Applicant		Round 3	
Project Name		Type of	

Single Applicant

Is your organization applying as a single entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participating Entity: (1 point) for single applicants	

Collaborative Partners

Does the proposal involve other entities acting as collaborative partners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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.	

Section 2 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	List Entity	
	Municipality/Township	Population
Does the applicant (or collaborative partner) represent a county with a population of less than 235,000 residents?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.		

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Past Success (5 points)	
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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	<input type="checkbox"/> Scalable <input type="checkbox"/> Replicable <input type="checkbox"/> Both
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Scalable/Replicable (10 points)	
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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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Probability of Success (5 points)	
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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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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"/>
Source:	<input style="width: 100%;" type="text"/>
Source:	<input style="width: 100%;" type="text"/>
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 <input type="checkbox"/> Projected <input type="checkbox"/>	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 <input type="checkbox"/> Projected <input type="checkbox"/>	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
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).

<input type="checkbox"/> Applicant clearly demonstrates a secondary repayment source (5 points)	<input type="checkbox"/> 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		

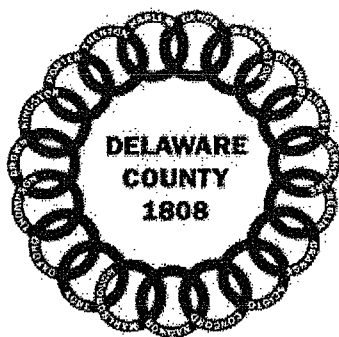
Section 3: Significance Measures

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



Delaware County Commissioners

Ken O'Brien
Dennis Stapleton
Tommy Thompson

County Administrator
Tim Hansley

Clerk to the Commissioners
Jennifer Walraven

RESOLUTION NO. 12-880

A RESOLUTION IN SUPPORT OF AN APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT TO STUDY THE CURRENT EMERGENCY MEDICAL SERVICES DELIVERY SYSTEM IN DELAWARE COUNTY:

It was moved by Mr. Thompson, seconded by Mr. Stapleton to approve the following:

WHEREAS, a county-wide study of the EMS delivery system has been proposed; and

WHEREAS, the Delaware County Board of Commissioners is always open to studying opportunities to ensure the most efficient use of tax monies through cooperation with other entities;


NOW THEREFORE, be it resolved by the Board of Commissioners that the following resolution is adopted:

Section 1. The Board supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and its participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of the EMS delivery system.

Section 2. The Clerk to the Board of Commissioners is requested to deliver a copy of this resolution of support to the City Manager of the City of Delaware for inclusion in the grant application that is currently being prepared.

Vote on Motion Mr. Thompson Aye Mr. O'Brien Nay Mr. Stapleton Aye

I, Jennifer Walraven, Clerk to the Board of County Commissioners hereby certify that the foregoing is a true and correct copy of a resolution of the Board of County Commissioners of Delaware County duly adopted on August 30, 2012, and appearing upon the official records of said Board.


Jennifer Walraven
Clerk to Commissioners

RESOLUTION NO. 12-33

A RESOLUTION AUTHORIZING THE CITY MANAGER TO ENTER INTO A PARTNERSHIP AGREEMENT AS PART OF A 2012 LOCAL GOVERNMENT INNOVATION FUND GRANT APPLICATION.

WHEREAS, the City of Delaware wishes to enter into a Partnership Agreement as part of a 2012 Local Government Innovation Fund Grant Application, and

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DELAWARE, OHIO THAT:

SECTION 1. The City Manager is hereby authorized to enter into a Partnership Agreement as part of a 2012 Local Government Innovation Fund Grant Application.

PASSED: 8/13, 2012

YEAS 7 NAYS 0
ABSTAIN 0

ATTEST: Christine Shaw
CITY CLERK

[Signature]
MAYOR



Harlem Township

ESTABLISHED 1810

Board of Trustees

3883 S. State Route 605

Galena, Ohio 43021

740-965-2661

August 30, 2012

Regarding: **APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT FOR EVALUATIVE STUDY OF EMS SERVICES**

To whom it may concern:

Whereas, a county-wide evaluative study of delivery of Emergency Medical Services (EMS) in Delaware County, Ohio has been proposed; and

Whereas, the Harlem Township Board of Trustees continually encourage opportunities to ensure the most effective and efficient use of taxpayer funds through cooperative and collaborative actions with other entities;

The Harlem Township Board of Trustees supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and it's participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of Emergency Medical Services delivery.

Harlem Township Trustees

Robert Singer

Jerry Paul

David Jackson

RES.12-338 A RESOLUTION IN SUPPORT OF APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT FOR EVALUATIVE STUDY OF EMS SERVICES.

WHEREAS, a county-wide evaluative study of EMS services has been proposed; and

WHEREAS, the Orange Township Board of Township Trustees is always open to studying opportunities to ensure the more efficient use of tax monies through cooperation with other entities;

NOW THEREFORE, be it resolved by the Board of Township Trustees of Orange Township, Delaware County, Ohio that the following resolution is adopted:

Section 1. The Board supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and its participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of EMS services.

Section 2. The Township Fiscal Officer is requested to deliver a copy of this resolution of support to the Fire Chief for appropriate dissemination as soon as possible.

Motion seconded by Ms. Taranto.

VOTE: Quigley – yes, Taranto – yes, Knapp – yes.

CERTIFICATION

I, the undersigned Township Fiscal Officer of Orange Township, Delaware County, Ohio, certify that the foregoing Resolution No. _____ is taken and copied from the record of proceedings of the Board of Township Trustees, that it has been compared by me with the resolution on the record and is a true copy and that I am duly authorized to execute this certificate.

Dated: _____, 2012

Joel M. Spitzer, Township Fiscal Officer



Delaware County Commissioners

Ken O'Brien
Dennis Stapleton
Tommy Thompson

County Administrator
Tim Hansley

Clerk to the Commissioners
Jennifer Walraven

RESOLUTION NO. 12-880

A RESOLUTION IN SUPPORT OF AN APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT TO STUDY THE CURRENT EMERGENCY MEDICAL SERVICES DELIVERY SYSTEM IN DELAWARE COUNTY:

It was moved by Mr. Thompson, seconded by Mr. Stapleton to approve the following:

WHEREAS, a county-wide study of the EMS delivery system has been proposed; and

WHEREAS, the Delaware County Board of Commissioners is always open to studying opportunities to ensure the most efficient use of tax monies through cooperation with other entities;


NOW THEREFORE, be it resolved by the Board of Commissioners that the following resolution is adopted:

Section 1. The Board supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and its participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of the EMS delivery system.

Section 2. The Clerk to the Board of Commissioners is requested to deliver a copy of this resolution of support to the City Manager of the City of Delaware for inclusion in the grant application that is currently being prepared.

Vote on Motion Mr. Thompson Aye Mr. O'Brien Nay Mr. Stapleton Aye

I, Jennifer Walraven, Clerk to the Board of County Commissioners hereby certify that the foregoing is a true and correct copy of a resolution of the Board of County Commissioners of Delaware County duly adopted on August 30, 2012, and appearing upon the official records of said Board.


Jennifer Walraven
Clerk to Commissioners

RESOLUTION NO. 12-33

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WHEREAS, the City of Delaware wishes to enter into a Partnership Agreement as part of a 2012 Local Government Innovation Fund Grant Application, and

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DELAWARE, OHIO THAT:

SECTION 1. The City Manager is hereby authorized to enter into a Partnership Agreement as part of a 2012 Local Government Innovation Fund Grant Application.

PASSED: 8/13, 2012

YEAS 7 NAYS 0
ABSTAIN 0

ATTEST: Christine Shaw
CITY CLERK

[Signature]
MAYOR

Board of Trustees
Rick Carfagna
Karl Gebhardt
Barbara Lewis



Fiscal Officer
Patrick Myers

www.genoatwp.com

RES. A RESOLUTION IN SUPPORT OF APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT FOR EVALUATIVE STUDY OF EMS SERVICES.

WHEREAS, a county-wide evaluative study of EMS services has been proposed; and

WHEREAS, the Genoa Township Board of Township Trustees is always open to studying opportunities to ensure the more efficient use of tax monies through cooperation with other entities;

NOW THEREFORE, be it resolved by the Board of Township Trustees of Genoa Township, Delaware County, Ohio that the following resolution is adopted:

Section 1. The Board supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and its participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of EMS services.

Section 2. The Township Fiscal Officer is requested to deliver a copy of this resolution of support to the Fire Chief for appropriate dissemination as soon as possible.

Motion by: BARBARA Lewis
Seconded by: RICK CARFAGNA
VOTE:

Trustee Vote
Barbara Lewis YES
Rick Carfagna Yes
Karl Gebhardt yes

CERTIFICATION

I, the undersigned Township Fiscal Officer of Genoa Township, Delaware County, Ohio, certify that the foregoing Resolution No. _____ is taken and copied from the record of proceedings of the Board of Township Trustees, that it has been compared by me with the resolution on the record and is a true copy and that I am duly authorized to execute this certificate.

Dated: 9/4, 2012

Patrick Myers
Patrick Myers, Township Fiscal Officer



Harlem Township

ESTABLISHED 1810

Board of Trustees

3883 S. State Route 605

Galena, Ohio 43021

740-965-2661

.....

August 30, 2012

Regarding: **APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT FOR EVALUATIVE STUDY OF EMS SERVICES**

To whom it may concern:

Whereas, a county-wide evaluative study of delivery of Emergency Medical Services (EMS) in Delaware County, Ohio has been proposed; and

Whereas, the Harlem Township Board of Trustees continually encourage opportunities to ensure the most effective and efficient use of taxpayer funds through cooperative and collaborative actions with other entities;

The Harlem Township Board of Trustees supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and it's participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of Emergency Medical Services delivery.

Harlem Township Trustees

Robert Singer

Jerry Paul

David Jackson

RESOLUTION #12-0904-05

Authorizing the Township Administrator to enter into a partnership agreement as part of a 2012 Local Government Innovation Fund Grant Application

Whereas, Liberty Township strives to continue to provide the best possible EMS services to Township residents, and

Whereas, funding for a regional EMS service delivery study may be available through a 2012 Local Government Innovation Fund Grant, and

Whereas, Liberty Township wishes to enter into a Partnership Agreement as part of a 2012 Local Government Innovation Fund Grant Application, and

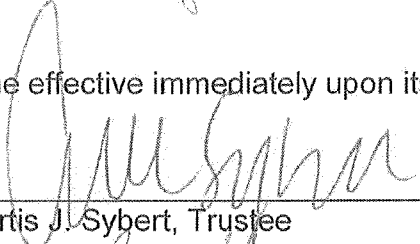
Now, therefore Be it Resolved, by the Liberty Township Board of Trustees, Delaware County that the Township Administrator is hereby authorized to enter into a Partnership Agreement as part of a 2012 Local Government Innovation Fund Grant Application.


Motion made by Leneghan and seconded by Sybert.


Vote: yes Mr. Sybert yes Ms. Carducci yes Ms. Leneghan

This Resolution shall be in force and become effective immediately upon its execution.

9-4-12
Date


Curtis J. Sybert, Trustee


Mary Carducci, Trustee


Melanie Leneghan, Trustee

CERTIFIED BY:


Mark S. Gerber, Fiscal Officer



Orange Township Fiscal Officer

RES.12-338 A RESOLUTION IN SUPPORT OF APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT FOR EVALUATIVE STUDY OF EMS SERVICES

WHEREAS, a county-wide evaluative study of EMS services has been proposed; and

WHEREAS, the Orange Township Board of Township Trustees is always open to studying opportunities to ensure the more efficient use of tax monies through cooperation with other entities;

NOW THEREFORE, be it resolved by the Board of Township Trustees of Orange Township, Delaware County, Ohio that the following resolution is adopted:

Section 1. The Board supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and its participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of EMS services.

Section 2. The Township Fiscal Officer is requested to deliver a copy of this resolution of support to the Fire Chief for appropriate dissemination as soon as possible.

Motion seconded by Ms. Taranto.

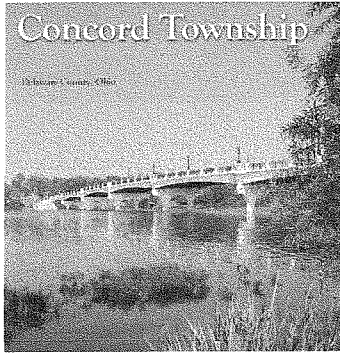
VOTE: Quigley – yes, Taranto – yes, Knapp – yes.

CERTIFICATION

I, the undersigned Township Fiscal Officer of Orange Township, Delaware County, Ohio, certify that the foregoing Resolution No. 12-338 is taken and copied from the record of proceedings of the Board of Township Trustees, that it has been compared by me with the resolution on the record and is a true copy and that I am duly authorized to execute this certificate.

Dated: August 23, 2012


Joel M. Spitzer, Township Fiscal Officer



CONCORD TOWNSHIP, DELAWARE COUNTY, OHIO

DELAWARE COUNTY
COMMISSIONERS
2012 OCT 22 AM 10:29
RECEIVED

Trustees:

Karen Koch
Joe Garrett
Bart Johnson

Fiscal Officer:

Jill M. Davis

October 18, 2012

Delaware County Administrator
Timothy C. Hansley
101 North Sandusky Street
P.O. Box 8006
Delaware, OH 43015

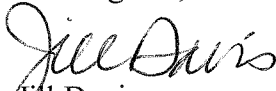
Dear Mr. Hansley:

The Concord Township Board of Trustees met in Regular Session on Monday, September 24, 2012, and

Mr. Garrett moved and Mr. Johnson seconded to remove Concord Township from the EMS study grant request. Vote: Koch-no, Garrett-yes, Johnson-yes.

Therefore, please remove Concord Township's name from the EMS study grant request being submitted to the State of Ohio by Delaware County.

Best regards,


Jill Davis
Fiscal Officer

cc: Delaware County Commissioners

6385 Home Road, Delaware, OH 43015

Phone: 740-881-5338 Fax: 740-881-5428 www.concordtwp.org



Delaware County Commissioners

Ken O'Brien
Dennis Stapleton
Tommy Thompson

County Administrator
Tim Hansley

Clerk to the Commissioners
Jennifer Walraven

RESOLUTION NO. 12-880

A RESOLUTION IN SUPPORT OF AN APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT TO STUDY THE CURRENT EMERGENCY MEDICAL SERVICES DELIVERY SYSTEM IN DELAWARE COUNTY:

It was moved by Mr. Thompson, seconded by Mr. Stapleton to approve the following:

WHEREAS, a county-wide study of the EMS delivery system has been proposed; and

WHEREAS, the Delaware County Board of Commissioners is always open to studying opportunities to ensure the most efficient use of tax monies through cooperation with other entities;


NOW THEREFORE, be it resolved by the Board of Commissioners that the following resolution is adopted:

Section 1. The Board supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and its participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of the EMS delivery system.

Section 2. The Clerk to the Board of Commissioners is requested to deliver a copy of this resolution of support to the City Manager of the City of Delaware for inclusion in the grant application that is currently being prepared.

Vote on Motion Mr. Thompson Aye Mr. O'Brien Nay Mr. Stapleton Aye

I, Jennifer Walraven, Clerk to the Board of County Commissioners hereby certify that the foregoing is a true and correct copy of a resolution of the Board of County Commissioners of Delaware County duly adopted on August 30, 2012, and appearing upon the official records of said Board.


Jennifer Walraven
Clerk to Commissioners

RESOLUTION NO. 12-33

A RESOLUTION AUTHORIZING THE CITY MANAGER TO ENTER INTO A PARTNERSHIP AGREEMENT AS PART OF A 2012 LOCAL GOVERNMENT INNOVATION FUND GRANT APPLICATION.

WHEREAS, the City of Delaware wishes to enter into a Partnership Agreement as part of a 2012 Local Government Innovation Fund Grant Application, and

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DELAWARE, OHIO THAT:

SECTION 1. The City Manager is hereby authorized to enter into a Partnership Agreement as part of a 2012 Local Government Innovation Fund Grant Application.

PASSED: 8/13, 2012

YEAS 7 NAYS 0
ABSTAIN 0

ATTEST: Christine Shaw
CITY CLERK

[Signature]
MAYOR

Board of Trustees
Rick Carfagna
Karl Gebhardt
Barbara Lewis



Fiscal Officer
Patrick Myers

www.genoatwp.com

RES. A RESOLUTION IN SUPPORT OF APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT FOR EVALUATIVE STUDY OF EMS SERVICES.

WHEREAS, a county-wide evaluative study of EMS services has been proposed; and

WHEREAS, the Genoa Township Board of Township Trustees is always open to studying opportunities to ensure the more efficient use of tax monies through cooperation with other entities;

NOW THEREFORE, be it resolved by the Board of Township Trustees of Genoa Township, Delaware County, Ohio that the following resolution is adopted:

Section 1. The Board supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and its participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of EMS services.

Section 2. The Township Fiscal Officer is requested to deliver a copy of this resolution of support to the Fire Chief for appropriate dissemination as soon as possible.

Motion by: BARBARA Lewis
Seconded by: RICK CARFAGNA
VOTE:

TRUSTEE VOTE
Barbara Lewis YES
Rick Carfagna YES
Karl Gebhardt YES

CERTIFICATION

I, the undersigned Township Fiscal Officer of Genoa Township, Delaware County, Ohio, certify that the foregoing Resolution No. _____ is taken and copied from the record of proceedings of the Board of Township Trustees, that it has been compared by me with the resolution on the record and is a true copy and that I am duly authorized to execute this certificate.

Dated: 9/4, 2012

Patrick Myers
Patrick Myers, Township Fiscal Officer



Harlem Township

ESTABLISHED 1810

Board of Trustees

3883 S. State Route 605

Galena, Ohio 43021

740-965-2661

August 30, 2012

Regarding: **APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT FOR EVALUATIVE STUDY OF EMS SERVICES**

To whom it may concern:

Whereas, a county-wide evaluative study of delivery of Emergency Medical Services (EMS) in Delaware County, Ohio has been proposed; and

Whereas, the Harlem Township Board of Trustees continually encourage opportunities to ensure the most effective and efficient use of taxpayer funds through cooperative and collaborative actions with other entities;

The Harlem Township Board of Trustees supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and it's participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of Emergency Medical Services delivery.

Harlem Township Trustees

Robert Singer

Jerry Paul

David Jackson

RESOLUTION #12-0904-05

Authorizing the Township Administrator to enter into a partnership agreement as part of a 2012 Local Government Innovation Fund Grant Application

Whereas, Liberty Township strives to continue to provide the best possible EMS services to Township residents, and

Whereas, funding for a regional EMS service delivery study may be available through a 2012 Local Government Innovation Fund Grant, and

Whereas, Liberty Township wishes to enter into a Partnership Agreement as part of a 2012 Local Government Innovation Fund Grant Application, and

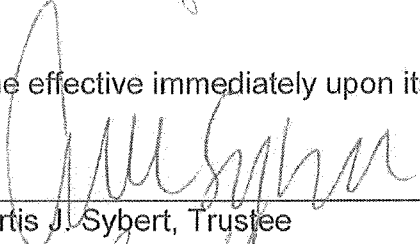
Now, therefore Be it Resolved, by the Liberty Township Board of Trustees, Delaware County that the Township Administrator is hereby authorized to enter into a Partnership Agreement as part of a 2012 Local Government Innovation Fund Grant Application.


Motion made by Leneghan and seconded by Sybert.


Vote: yes Mr. Sybert yes Ms. Carducci yes Ms. Leneghan

This Resolution shall be in force and become effective immediately upon its execution.

9-4-12
Date


Curtis J. Sybert, Trustee


Mary Carducci, Trustee


Melanie Leneghan, Trustee

CERTIFIED BY:


Mark S. Gerber, Fiscal Officer



Orange Township Fiscal Officer

RES.12-338 A RESOLUTION IN SUPPORT OF APPLICATION FOR A LOCAL GOVERNMENT INNOVATION FUND GRANT FOR EVALUATIVE STUDY OF EMS SERVICES

WHEREAS, a county-wide evaluative study of EMS services has been proposed; and

WHEREAS, the Orange Township Board of Township Trustees is always open to studying opportunities to ensure the more efficient use of tax monies through cooperation with other entities;

NOW THEREFORE, be it resolved by the Board of Township Trustees of Orange Township, Delaware County, Ohio that the following resolution is adopted:

Section 1. The Board supports the filing of a Local Government Innovation Fund Grant Application for Delaware County and its participating political subdivisions to seek funding for the purpose of an evaluative county-wide study of EMS services.

Section 2. The Township Fiscal Officer is requested to deliver a copy of this resolution of support to the Fire Chief for appropriate dissemination as soon as possible.

Motion seconded by Ms. Taranto.

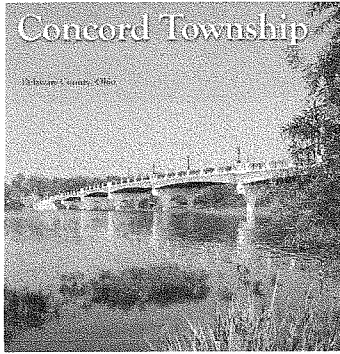
VOTE: Quigley – yes, Taranto – yes, Knapp – yes.

CERTIFICATION

I, the undersigned Township Fiscal Officer of Orange Township, Delaware County, Ohio, certify that the foregoing Resolution No. 12-338 is taken and copied from the record of proceedings of the Board of Township Trustees, that it has been compared by me with the resolution on the record and is a true copy and that I am duly authorized to execute this certificate.

Dated: August 23, 2012


Joel M. Spitzer, Township Fiscal Officer



CONCORD TOWNSHIP, DELAWARE COUNTY, OHIO

DELAWARE COUNTY
COMMISSIONERS
2012 OCT 22 AM 10:29
RECEIVED

Trustees:

Karen Koch
Joe Garrett
Bart Johnson

Fiscal Officer:

Jill M. Davis

October 18, 2012

Delaware County Administrator
Timothy C. Hansley
101 North Sandusky Street
P.O. Box 8006
Delaware, OH 43015

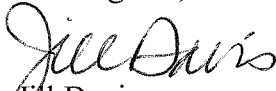
Dear Mr. Hansley:

The Concord Township Board of Trustees met in Regular Session on Monday, September 24, 2012, and

Mr. Garrett moved and Mr. Johnson seconded to remove Concord Township from the EMS study grant request. Vote: Koch-no, Garrett-yes, Johnson-yes.

Therefore, please remove Concord Township's name from the EMS study grant request being submitted to the State of Ohio by Delaware County.

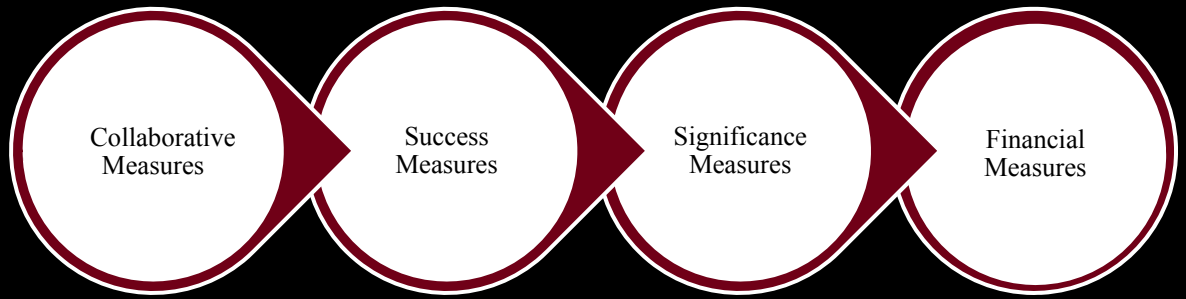
Best regards,


Jill Davis
Fiscal Officer

cc: Delaware County Commissioners

6385 Home Road, Delaware, OH 43015

Phone: 740-881-5338 Fax: 740-881-5428 www.concordtwp.org



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?		<input type="checkbox"/> Yes (Attached) <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 1
Contacts

Lead Applicant		Round 3	
Project Name		Type of	

Single Applicant

Is your organization applying as a single entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participating Entity: (1 point) for single applicants	

Collaborative Partners

Does the proposal involve other entities acting as collaborative partners?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	

Section 2 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	List Entity	
	Municipality/Township	Population
Does the applicant (or collaborative partner) represent a county with a population of less than 235,000 residents?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.		

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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Scalable <input type="checkbox"/> Replicable <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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"/>
Source:	<input style="width: 100%;" type="text"/>
Source:	<input style="width: 100%;" type="text"/>
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 <input type="checkbox"/> Projected <input type="checkbox"/>	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 <input type="checkbox"/> Projected <input type="checkbox"/>	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).

<input type="checkbox"/> Applicant clearly demonstrates a secondary repayment source (5 points)	<input type="checkbox"/> 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