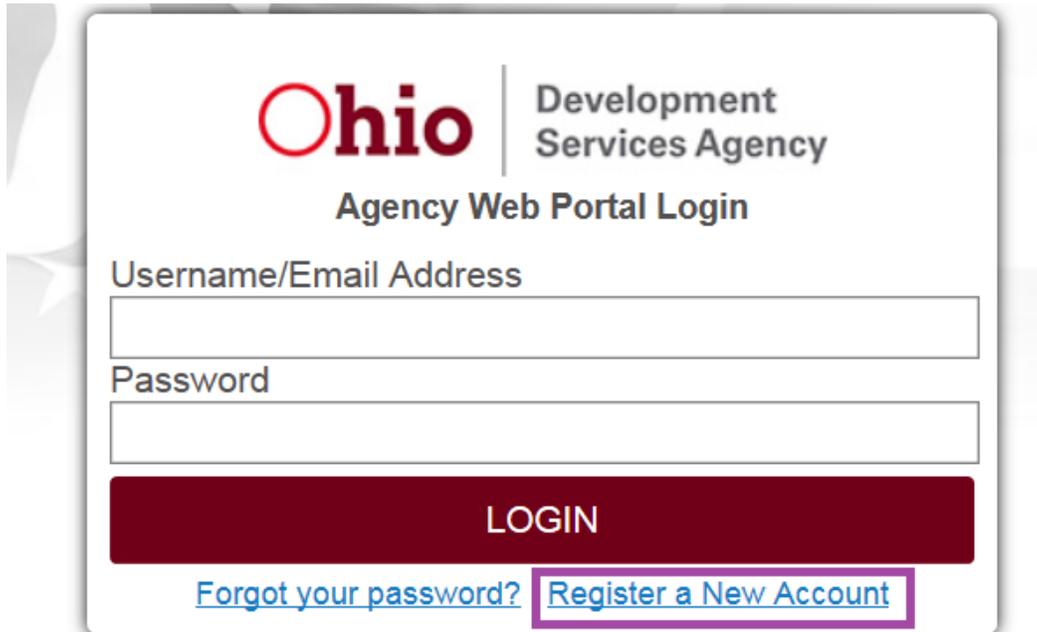


## Completing an Application for the Local Government Safety Capital Grant Program

1. Go to the [Application Home page](#). Click to [Register a New Account](#)



 | Development  
Services Agency

Agency Web Portal Login

Username/Email Address

Password

**LOGIN**

[Forgot your password?](#) [Register a New Account](#)

2. In order to register a new account, enter your first name, last name, an email address and password. Once entered, click SUBMIT.

### Register a New Account

First Name

Last Name

Email

Password

Confirm Password

**SUBMIT**

**Please Note:**

This information will be used to produce a log-in for your application. Be sure to write down your log-in information so that you will be able to access your application.

3. Once registered, you will be taken to the Development Services Agency Applications. To access the application, click the link labeled Local Government Safety Capital Grant Application.



**Please Note:**

When you enter your log-in information on the [Application Home page](#), you will be taken to this page. As long as you're logged in, this will be the home page for the application. To log-out, you will need to restart your internet browser by closing it, then re-opening it.

4. Once you click on the application link, you will be taken directly to your unique application. Please read over the instructions at the top of the application.

## Application LGIF 2016 4194

Local Government Safety Capital Grant  
Program Application

Thank you for your interest in the Local Government Safety Capital Grant Program.

Please use this application if you are an employee of a qualifying political subdivision interested in obtaining a grant to be used for the purchase of vehicles, equipment, facilities, or systems, including but not limited to emergency communication systems, needed to enhance public safety that is provided by law enforcement, fire or emergency medical services.

In order to submit the application and be considered for a grant, the applicant must:

- Fill out each section of the application below;
- Attach cost estimates for each item requested;
- Attach a MOU that includes each collaborative partner; and
- Verify that all information in the application is correct.

If you have questions or need assistance with the application, please contact Mateo Williamson at [Mateo.Williamson@development.ohio.gov](mailto:Mateo.Williamson@development.ohio.gov).

### **Please Note:**

At any point, you can go to the top or bottom of the application to click RETURN, SAVE, or SUBMIT. Clicking RETURN will take you to the Development Services Agency Applications page. Clicking SAVE will save any information you have entered prior to clicking it. Clicking SUBMIT will bring up any errors in the application, or proceed to the review page, where you will see your completed application.



5. Fill out your information in the “Project Contact Information” fields. This information will be used to contact the applicant once submitted.

Project Contact Information		Required Information	
First Name	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Project Contact Entity/Department	<input type="text"/>
Street Address	<input type="text"/>	City	<input type="text"/>
Zip Code	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>		



- The lead applicant should input information in the “Lead Applicant Information” field. Be sure to fill out all fields.

**Lead Applicant Information**

Name of Entity/Department/District	<input type="text"/>	Federal Identification Number	<input type="text"/>
Applicant Type	<input type="text" value="-None-"/>	Number of Collaborative Partners	<input type="text"/> <small>Please attach a Memorandum of Understanding at the bottom of the page that is signed by each partner that outlines details of the partnership.</small>
Cash Match Provided	<input type="text"/>	Grant Amount Requested	<input type="text"/>
Type of Request	<input type="checkbox"/> Vehicles <input type="checkbox"/> Equipment <input type="checkbox"/> Facilities <input type="checkbox"/> Systems		

**Please Note:**

All fields are required, so be sure to fill each part out. “Cash Match Provided” and “Number of Collaborative Partners” are required fields, but the applicant is not required to have cash match or partners. If the applicant is not providing cash match, or does not have partners, enter “0” in these fields. Additionally, there is a reminder to attach a Memorandum of Understanding (MOU) in this section of the application. This is only for projects with multiple applicants. A project that is applying with collaborative partners **must** attach a MOU to the application.



7. In a narrative format, answer the questions below regarding the shared services in this project. Be sure to provide enough information, while also being as concise as possible.

Collaborative Efforts	
Describe your current collaborative efforts, i.e. Is collaboration/shared services part of your existing service model?	<input type="text"/>
Will you be sharing this purchase for another entity? If so, do you have a plan in place for how the item(s) will be shared?	<input type="text"/>
If shared services/collaborative efforts have been explored, but are not recommended or practical, please explain	<input type="text"/>

**Please Note:**

Be sure to save your answers elsewhere so that you are able to save these narrative portions in case something happens during the process of completing you application. All applicants must submit answers, even if there are no collaborative partners.



- The lead applicant should fill out all the information in this section. If the application is being filled out by a lead applicant with multiple collaborative partners, each collaborative partner must input its information by clicking ADD MORE PARTNERS. Doing so will create an identical section labeled PARTNER 2. This can and should be done for as many partners that are a part of the application.

Existing Conditions and Needs

This section must be completed by each collaborative partner

Partner 1: Required Information

Entity	<input type="text"/>	Size of Service Area (In sq. miles)	<input type="text"/>
Size of Service Area (total population)	<input type="text"/>	Number of Incidents (previous calendar year)	<input type="text"/>
Number of Employees (Full-time)	<input type="text"/>	Number of Employees (Part-time)	<input type="text"/>
Number of Employees (Volunteer)	<input type="text"/>	Total Operating Budget (previous calendar or fiscal year)	<input type="text"/>
Community Need	<input type="text"/>		
		Project Need	<input type="text"/>



- This section is where the applicant will provide information regarding the items being requested. If the request involves different items, click ADD MORE ITEMS to create an identical section that will be labeled ITEM 2.

Request For Public Safety Items	
Item 1: <span style="float: right;">- Required Information</span>	
Item Name	<input type="text"/>
Unit Cost	<input type="text"/>
Is purchase of the item(s) recommended by a plan or study?	<input type="text" value="--None--"/>
Quantity Requested	<input type="text"/>
Total Cost for item(s)	<input type="text"/>
Describe Need for Specific Item	<input type="text"/>
Plans for Maintenance/Operations Over Time	<input type="text"/>
State of Current Inventory of Item	<input type="text"/>
Item Description	<input type="text"/>
Type of Item Requested	<input type="text" value="--None--"/>
Source of Funds	<input type="text"/>
<input type="button" value="Add More Items"/>	

**Please Note:**

Only ADD MORE ITEMS if you wish to request a different item. To request multiple of the same item, please note the quantity of an item under "Quantity Requested". If the item is recommended by a plan or study, **be sure to attach** a copy of the plan or study. Additionally, information regarding the unit cost of the requested item **must** be attached to the application.

10. This section is where you will attach a MOU and information regarding item requests (proof of unit cost, plan or study that recommends the item). In order to attach, select choose file and choose the desired file. **Be sure** to select the category that matches the file you have selected. Once you have done that, click UPLOAD FILES TO SERVER. You will have successfully uploaded the file if it appears in “Existing Attachments”. Select ADD MORE to upload additional attachments. **Remember** to categorize each of the files you upload.

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**Upload Attachments**

File  No file chosen Category

---

**Existing Attachments**

Action	Action
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11. Once you have completed the application and uploaded all necessary files, **please read** each of the check boxes and select them to confirm that you have completed your application and provided all the required information. Select SUBMIT to submit your application, SAVE to save your application at any time, or RETURN to go back to the Development Services Agency Applications. Once submitted, you will receive an email to notify you that your application has been submitted properly.

Required Certifications	<span style="color: red;"> </span> Required Information
I verify that I have attached an MOU that includes each collaborative partner to this application	<input type="checkbox"/>
I verify that I have included all information regarding requesting items, including copies of cost estimates for the items	<input type="checkbox"/>
I verify that all information included in this application is complete and accurate to the best of my knowledge	<input type="checkbox"/>

[Return](#) [Save](#) [Submit](#)



If you have any additional questions, please contact:

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Office of Strategic Business Investments  
77 South High Street  
Columbus, Ohio 43215  
T: 614.466.8989  
Email: [Mateo.Williamson@development.ohio.gov](mailto:Mateo.Williamson@development.ohio.gov)