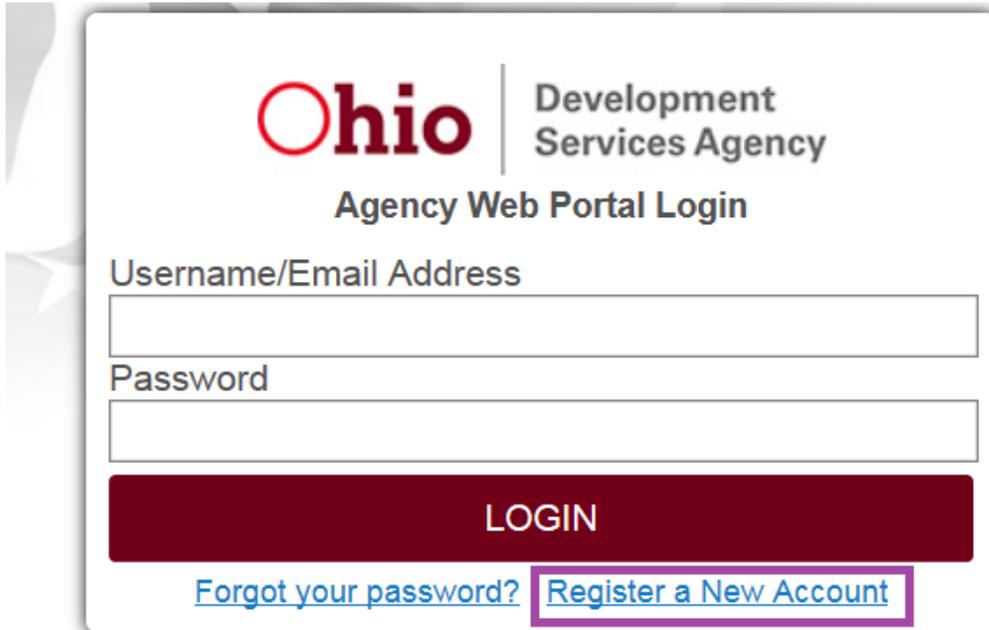


## Completing an Application for the Local Government Safety Capital Grant Program

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



The screenshot shows the login page for the Ohio Development Services Agency. At the top, the Ohio logo and the text "Development Services Agency" are displayed. Below this is the heading "Agency Web Portal Login". There are two input fields: "Username/Email Address" and "Password". A dark red button labeled "LOGIN" is positioned below the password field. At the bottom of the form, there are two links: "Forgot your password?" and "Register a New Account". The "Register a New Account" link is highlighted with a purple border.

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. Your log-in will be the same as last round if you applied in Round 1.

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 6881

### Local Government Safety Capital Grant Program Application

[Return](#) [Save](#) [Submit](#) [Print...](#) [Pdf View...](#)

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 signatures from each collaborative partner (if applicable); and
- Verify that all information in the application is correct.

For instructions on how to fill out this application, [click here](#)

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:**

Be sure to read over this section before starting the application.



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

**Part 1: Project Overview**

**Project Contact Information**

**|** = Required Information

First Name **|**

Last Name **|**

Phone Number **|**

Email Address **|**

**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.



- 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/District	<input type="text"/>	Grant Amount Requested	<input type="text" value="0"/>	<a href="#">i</a>
Name of Department (if applicable)	<input type="text"/>	Cash Match Provided	<input type="text"/>	<a href="#">i</a>
Federal Identification Number	<input type="text"/>	Total Project Cost	<input type="text"/>	<a href="#">i</a>
Applicant Type	<input type="text" value="--None--"/>			<a href="#">i</a>
Type of Request	<input type="checkbox"/> Vehicles <input type="checkbox"/> Equipment <input type="checkbox"/> Facilities <input type="checkbox"/> Systems			

**Please Note:**

The Entity name used in this section MUST be an eligible applicant. If the name of something other than an eligible applicant is submitted, the application will be at risk of ineligibility. Please see our program guidelines for examples of eligible entities. Additionally, the total project amount will be calculated automatically when you input the “Grant Amount Requested” and “Cash Match Provided”.



- 7. For part 2, please input this information for the lead applicant. For the first part (first five questions) of this section, refer to the numbers related to your department. For the second part (last three questions), answer the questions be sure to provide enough information, while also being as concise as possible. The character limit for the last three questions is 4000 characters.

**Part 2: Needs and Conditions**

**Lead Applicant Needs and Conditions**

**I** = Required Information

*We will also be taking into consideration metrics related to the Median Income, Poverty Rate, Crime Rates and Fire Incidents for their area.*

Number of Employees (Full-time)	<input type="text"/>	<input type="text"/>
Number of Employees (Part-time)	<input type="text"/>	Size of Service Area (total population)
Number of Employees (Volunteers)	<input type="text"/>	Size of Service Area (in sq. miles)

Please describe the public safety concerns currently facing your community:

How will the purchase of the item(s) address the public safety concerns facing your community?

Have there been any recent economic changes in your community that impact your ability to provide services? (i.e. loss of major employer, declining or aging population, etc.)

- 8. Part 3 starts by asking whether or not your project is a collaborative one. How you answer this question will change what information you need to fill out next. If your project is not collaborative, go on to the next box and explain why it is not. If your project is collaborative, select the box. By doing so, it will refresh the page and ask an additional question. You will need to explain how the project is collaborative, and will have the opportunity to input the name of your partners. Select "Add Partner" to input additional partner names.

**Part 3: Collaborative Efforts**

In order to demonstrate a culture of collaboration within your organization, please describe any collaborative efforts you've had with other communities/agencies prior to requesting this grant.

Are you collaborating with any partners in this application? (Check if yes)  [i](#)

If No,

Are you collaborating with any partners in this application? (Check if yes)  [i](#)

If shared services/collaborative efforts have been explored, but are not recommended or practical, please explain

If Yes,

Are you collaborating with any partners in this application? (Check if yes)  [i](#)

How will you be sharing this purchase with the other entity(s)? Do you have a plan in place for how the item(s) will be shared?

*Please attach a Memorandum of Understanding at the bottom of the page. This should be a signed agreement outlining the roles and responsibilities of each collaborative partner, along with any financial contributions being made, the allocation of the grant award, and a plan for the sharing/use of the purchases reimbursed with grant funds*

**Partner Information (all partners must also be eligible applicants)**

Partner 1:

Add Partner

- 9. 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.

**Part 4: Request For Public  
Safety Items**

How do you plan on maintaining this requested item, both financially and operationally, over time?

Please provide a narrative describing your current inventory and how the items requested will help supplement or replace your current supply?

**Item 1:**

Item Name	<input type="text"/>	Unit Cost	<input type="text"/>
Type of Item Requested	--None-- ▼	Quantity Requested	<input type="text"/>
Brief Item Description	<input type="text"/>	Total Cost for Item(s)	<input type="text"/>

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". 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.

*Required attachments include a quote for each item requested showing the unit cost, and, if applicable, a MOU with signatures from each partner in the application.*

### Upload Attachments

File  No file chosen      Category



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](#)



Development  
Services Agency

Completing an Application  
Local Government Safety Capital Grant Program



Development  
Services Agency

If you have any additional questions, please contact:

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