

Round 3: Application Form

Local Government Innovation Fund

Step One: Fill out this Application Form in its entirety.

Step Two: Fill out the online submission form and submit your application materials. All supplemental application materials should be combined into one file for submission.

LGIF: Applicant Profile

Lead Applicant	
Project Name	
Type of Request	
Funding Request	
JobsOhio Region	
Number of Collaborative Partners	

Office of Redevelopment

Website: <http://development.ohio.gov/Urban/LGIF.htm>

Email: LGIF@development.ohio.gov

Phone: 614 | 995 2292

Lead Applicant		Round 3	
Project Name		Type of Request	

Lead Applicant				
Mailing Address:	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
City, Township or Village			Population (2010)	
County			Population (2010)	
Did the lead applicant provide a resolution of support?		Yes (Attached)	No (In Process)	

Project Contact				
Complete the section below with information for the individual to be contacted on matters involving this application.				
	Project Contact		Title	
Mailing Address:	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
Email Address			Phone Number	

Fiscal Officer				
Complete the section below with information for the entity and individual serving as the fiscal agent for the project.				
	Fiscal Officer		Title	
Mailing Address:	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
Email Address			Phone Number	
Is your organization registered in OAKS as a vendor?		Yes	No	

Section 1
Contacts

Lead Applicant		Round 3	
Project Name		Type of	

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

Collaborative Partners		
Does the proposal involve other entities acting as collaborative partners?	Yes	No
<p>Applicants applying with a collaborative partner are required to show proof of the partnership with a partnership agreement signed by each partner and resolutions of support from the governing entities. If the collaborative partner does not have a governing entity, a letter of support from the partnering organization is sufficient. Include these documents in the supporting documents section of the application.</p> <p>In the section below, applicants are required to identify population information and the nature of the partnership.</p> <p>Each collaborative partner should also be clearly and separately identified on pages 4-5.</p>		
Number of Collaborative Partners who signed the partnership agreement, and provided resolutions of support.		
Participating Entity: (5 points) allocated to projects with collaborative partners.		

Population		
The applicant is required to provide information from the 2010 U.S. Census information, available at: http://factfinder2.census.gov/		
Does the applicant (or collaborative partner) represent a city, township or village with a population of less than 20,000 residents?	Yes	No
	List Entity	
	Municipality/Township	Population
Does the applicant (or collaborative partner) represent a county with a population of less than 235,000 residents?	Yes	No
	List Entity	
	County	Population
Population: (3-5 points) determined by the smallest population listed in the application. Applications from (or collaborating with) small communities are preferred.		

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	

Nature of Partnership (2000 character limit)

As agreed upon in the partnership agreement, please identify the nature of the partnership, and explain how the main applicant and the partners will work together on the proposed project.

Section 2 Collaborative Partners

List of Partners

The applicant applying with collaborative partners (defined in §1.03 of the LGIF Policies) must include the following information for each applicant:

- **Name of collaborative partners**
- **Contact Information**
- **Population data (derived from the 2010 U.S. Census)**

If the project involves more than 12 collaborative partners, additional forms are available on the LGIF website.

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 1					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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	

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	Yes	No
Past Success (5 points)		
Provide a summary of past efforts to implement a project to improve efficiency, implement shared services, coproduction, or a merger. (1000 character limit)		

Scalable/Replicable Proposal	Scalable	Replicable	Both
Scalable/Replicable (10 points)			
Provide a summary of how the applicant's proposal can be replicated by other local governments or scaled for the inclusion of other local governments. (1000 character limit)			

Section 3
Project Information

Probability of Success	Yes	No
Probability of Success (5 points)		
Provide a summary of the likelihood of the grant study recommendations being implemented. Applicants requesting a loan should provide a summary of the probability of savings from the loan request. (1000 character limit)		

Lead Applicant		Round 3	
Project Name		Type of Request	

Performance Audit Implementation/Cost Benchmarking	Yes	No
Performance Audit/Benchmarking (5 points)		
<p>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)</p>		

Economic Impact	Yes	No
Economic Impact (5 points)		
<p>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)</p>		

Section 3
Project Information

Response to Economic Demand	Yes	No
Response to Economic Demand (5 points)		
<p>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)</p>		

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"/>

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

Lead Applicant		Round 3	
Project Name		Type of Request	

Program Budget

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

Lead Applicant		Round 3
Project Name		Type of Request

Program Budget

Use this space to justify the program budget and/or explain any 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).

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

Scoring Overview

Section 1: Collaborative Measures

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

Section 2: Success Measures

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

Section 3: Significance Measures

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

Section 4: Financial Measures

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

Total Points

Additional Partners

Local Government Innovation Fund

LGIF: Applicant Profile

Lead Applicant	Board of Commissioners for Allen County
Project Name	Joint Allen County Communication Study
Type of Request	Grant

Office of Redevelopment

Website: <http://development.ohio.gov/Urban/LGIF.htm>

E-mail: LGIF@development.ohio.gov

Phone: 614 | 995 2292

Lead Applicant	Board of Commissioners for Allen County	Round 3	
Project Name	Joint Allen County Communication Study	Type of Request	Grant

Collaborative Partners	Bath Twp FD						
Number 13							
Address Line 1	1787 N. Dixie Hwy				Population		
Address Line 2					Municipality /Township	Bath	Population
City,	Lima	State	Oh	Zip Code	45801	County	Population
Email Address	bathfirehouse@earthlink.net				Phone Number	(419) 221-0550	
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Collaborative Partners	Bluffton Fire Department						
Number 14							
Address Line 1	402 N. Main St.				Population		
Address Line 2					Municipality /Township	Bluffton	Population
City,	Bluffton	State	OH	Zip Code	45817	County	Population
Email Address	blufftonfire@wcoil.com				Phone Number	(419) 358-9010	
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Collaborative Partners	Beaverdam-Richland Fire Dept						
Number 15							
Address Line 1	201 W. Main St.				Population		
Address Line 2					Municipality /Township	Beaverdam	Population
City,	Beaverdam	State	Oh	Zip Code	45808	County	Population
Email Address	brfire@wcoil				Phone Number	(419) 643-3891	
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Collaborative Partners	Cairo Monroe Fire Dept						
Number 16							
Address Line 1	101 W. Main St.				Population		
Address Line 2					Municipality /Township	Cairo	Population
City,	Cairo	State	OH	Zip Code	45820	County	Population
Email Address	firechief@wcoil.com				Phone Number	(419) 641-5735	
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section 4
List of Partners

Lead Applicant	Board of Commissioners for Allen County	Round 3	
Project Name	Joint Allen County Communication Study	Type of Request	Grant

Collaborative Partners	Harrod Vol Fire Dept							
Number 17								
Address Line 1	123 N. Walnut St				Population			
Address Line 2					Municipality /Township	Harrod	Population	
City,	Harrod	State	OH	Zip Code	45850	County		Population
Email Address					Phone Number	(419) 648-4282		
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Collaborative Partners	Invincible Fire Department							
Number 18								
Address Line 1	204 S. Canal St.				Population			
Address Line 2					Municipality /Township	Spencerville	Population	
City,	Spencerville	State	OH	Zip Code	45887	County		Population
Email Address	invinciblefireco@midohi.twcbc.com				Phone Number	(419) 647-4615		
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Collaborative Partners	Layfayette-Jackson Twp Fire Dept							
Number 19								
Address Line 1	215 E. Sugar St				Population			
Address Line 2					Municipality /Township	Lafayette/Jackson	Population	
City,	Lafayette	State	Oh	Zip Code	45854	County		Population
Email Address	rjhutch@wcoil.com				Phone Number	(419) 649-3791		
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Collaborative Partners	Perry Twp Vol. Fire Dept							
Number 20								
Address Line 1	2408 E. Breese Road				Population			
Address Line 2					Municipality /Township	Perry	Population	
City,	Lima	State	OH	Zip Code	45806	County		Population
Email Address	medicboy36@aol.com				Phone Number	(419) 221-2345		
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Section 4
List of Partners

Lead Applicant	Board of Commissioners for Allen County	Round 3	
Project Name	Joint Allen County Communication Study	Type of Request	Grant

Collaborative Partners	Westminster Rural Fire Department								
Number 21									
Address Line 1	6825 Faulkner Road				Population				
Address Line 2					Municipality /Township	Westminster	Population		
City,	Harrod	State	OH	Zip Code	45850	County		Population	
Email Address	jordanstriff@yahoo.com				Phone Number	(419) 648-6443			
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Collaborative Partners	Marion Twsp PD								
Number 22									
Address Line 1	5405 Kiggins Road				Population				
Address Line 2					Municipality /Township	Marion	Population		
City,	Delphos	State	OH	Zip Code	45833	County		Population	
Email Address	mari@acso-oh.us				Phone Number	(419) 692-8846			
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Collaborative Partners	Elida Police Department								
Number 23									
Address Line 1	200 W. Main St.				Population				
Address Line 2					Municipality /Township	Elida	Population		
City,	Elida	State	OH	Zip Code	45807	County		Population	
Email Address	hollis@midohio.twcbc.com				Phone Number	(419) 339-9481			
Resolution of Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Collaborative Partners									
Number 24									
Address Line 1					Population				
Address Line 2					Municipality /Township		Population		
City,	Lima	State	OH	Zip Code	45806	County		Population	
Email Address					Phone Number				
Resolution of Support	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 4
List of Partners

RE: BOARD OF COUNTY COMMISSIONERS AUTHORIZES SUBMISSION OF A GRANT APPLICATION TO THE STATE OF OHIO DEPARTMENT OF DEVELOPMENT FOR A JOINT ALLEN COUNTY COMMUNICATIONS CENTER GRANT AND AUTHORIZE RUSSELL J. DECKER TO SIGN ANY AND ALL DOCUMENTS RELATING TO SAME.

The Board of County Commissioners of Allen County, Ohio met in regular session on the 29th day of August, 2012 with the following members present: Greg Sneary, W. Dan Reiff and Sam Bassitt.

Commissioner Bassitt moved for the adoption of the following:

RESOLUTION

WHEREAS, Russ Decker, Director of Emergency Management and Homeland Security, is requesting that the Board authorize submission of a grant application to the State of Ohio Department of Development for a Joint Allen County Communications Center Grant in an amount not to exceed \$95,000.00; and

WHEREAS, said monies shall be used for technical assessment of public safety dispatch needs countywide; and

WHEREAS, in the event of grant award, the City of Delphos, City of Lima, Shawnee Township and Allen County have agreed to contribute up to \$2,500.00 each to the total project cost; and

WHEREAS, the Board deems this request to be in order and hereby wishes to grant the same; now therefore

BE IT RESOLVED THAT THE BOARD OF COUNTY COMMISSIONERS OF ALLEN COUNTY, OHIO, hereby authorizes submission of a grant application to the State of Ohio Department of Development for a Joint Allen County Communications Center Grant in an amount not to exceed \$95,000.00, a copy of which is attached hereto and made a part hereof; and be it further

RESOLVED, hereby authorizes Russell J. Decker to sign any and all documents relating to same.

Commissioner Reiff seconded the resolution and upon the roll being called, the vote resulted as follows: **Commissioner Sneary, Yes; Commissioner Reiff, Yes; Commissioner Bassitt, Yes.**

Adopted this 29th
day of August, 2012

**BOARD OF COUNTY COMMISSIONERS
ALLEN COUNTY, OHIO**


Greg Sneary


W. Dan Reiff


Sam Bassitt


Kelli A. Singhaus
Clerk of Board

RESOLUTION

Introduced by McLean Councilman
 Seconded by Glenn Councilman
 Form Approved Anthony L. [Signature] Director of Law
 Publication _____
 A Resolution

VOTE	YEA	NAY
Neeper	✓	
McLean	✓	
Lowe	✓	
Tebben	✓	
Adams	✓	
Glenn	✓	
Townsend	✓	
Nixon	✓	
TOTAL	80	

A RESOLUTION SUPPORTING THE APPLICATION FOR THE LOCAL GOVERNMENT INNOVATION FUND GRANT.

WHEREAS, the Allen County Commissioners will be submitting an application for the Local Government Innovation Fund Grant on behalf of Allen County and various political subdivisions; and,

WHEREAS, the purpose of applying for the grant is to secure funding which will be used to hire a consultant to analyze the feasibility and needs associated with creating a centralized safety services dispatching facility for Allen County and various political subdivisions; and,

WHEREAS, the Allen County Board of Commissioners, the City of Lima, the City of Delphos, and Shawnee Township will be partnering together, with each providing \$2,500.00 in required matching funds; and,

WHEREAS, this resolution is appropriate to demonstrate the City's commitment to participate in the feasibility study; and that in order to preserve the public peace, property, health and safety of the community, and to provide for the effective operation of the municipal government, and by reason thereof, this resolution shall take effect immediately upon its passage; **Now, Therefore,**

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF LIMA, ALLEN COUNTY, OHIO, A MAJORITY OF THE MEMBERS ELECTED THERETO CONCURRING:

Section 1. Lima City Council hereby supports the submission of an application for the Local Government Innovation Fund Grant on behalf of Allen County, to secure funding which will be used to hire a consultant to analyze the feasibility and needs associated with creating a centralized safety services dispatching facility for Allen County and various political subdivisions; with the City of Lima providing \$2,500.00 in matching funds.

Section 2. That the Clerk of Council is authorized to forward a copy of this resolution to the Allen County Commissioners and Fire Chief Mark Heffner and Police Chief Kevin Martin.

Section 3. That the Clerk of Council is authorized to cause publication of this resolution in a summary manner as provided by the City Charter.

Section 4. This resolution shall take effect and be in force forthwith upon passage by an affirmative vote of at least two-thirds of the members elected to council at the first reading hereof. If it shall not so pass it shall take effect and be in force forthwith upon passage by an affirmative vote of at least two-thirds of the members elected to council at the second reading hereof. If it shall not so pass at second reading then it shall take effect and be in force forthwith upon passage by an affirmative vote of at least a majority of the members elected to council at the third reading hereof. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

Passed: August 20, 2012



John G. Nixon, President

Approved: August 20, 2012



David J. Berger, Mayor

Attest: Sally Clemans

Sally Clemans, Clerk

	Yes	No
Gillespie	✓	
Osting	✓	
Martz	✓	
Clement	✓	
Knebel		✓
Fortener	✓	
Hanser	✓	
Suspension		
Emergency		
1 st Reading	8-20-12	
2 nd Reading		
3 rd Reading		

RESOLUTION NO. 2012-7

A RESOLUTION SUPPORTING THE APPLICATION OF A GRANT THAT WILL DEVELOP A STUDY ON CENTRALIZED DISPATCHING IN ALLEN COUNTY AND DECLARING IT AN EMERGENCY

WHEREAS, since 2006 members of the public safety community, that includes all four full time dispatch centers (Allen County Sheriff's Office, Lima Police Department, Delphos Police Department, and Shawnee Township Police Department) have been discussing the concept of creating a centralize dispatch center.

WHEREAS, on or before September 4, 2012 the Ohio Department of Development will be able to accept grant applications under the "Local Government Innovation Fund (LGIF)".

WHEREAS, the Board of Commissioners for Allen County in collaboration with Allen County Sheriff's Office, Lima Police Department, Delphos Police Department, and Shawnee Township Police Department, will be submitting a grant application requesting \$100,000 to fund an Allen County joint dispatch center feasibility study.

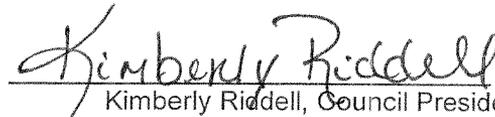
WHEREAS, to qualify for any future funding under the Local Government Innovation Fund Program, an applicant must demonstrate a probable success through the submission of a feasibility study.

NOW THEREFORE BE IT RESOLVED by the Council for the City of Delphos, Allen and Van Wert Counties, expresses our support for the submission of a LGIF grant to create a feasibility study on centralized dispatch.

BE IT FURTHER RESOLVED that the Council for the City of Delphos, Allen and Van Wert Counties, approves the expenditure of \$2,500.00 from the Law Enforcement Trust Fund or General Fund to be the city contribution to the 10% grant match. The Board of Commissioners for Allen County, the city of Lima, and Shawnee Township will also be contributing \$2,500.00 each towards the 10% grant match.

BE IT FURTHER RESOLVED that this resolution is declared an emergency measure necessary for the preservation of public peace and welfare and so that the application can be filed before the September 4, 2012 deadline.

WHEREFORE BE IT FURTHER RESOLVED that this resolution was duly adopted this 20th day of August, 2012.


Kimberly Riddell, Council President

ATTEST:


Marsha Mueller, Clerk of Council

Sherryl George, Deputy

APPROVED by me this 20th day August, 2012.


Michael H. Gallmeier, Mayor

RESOLUTION 78-12

Authorization to Participate in Regional Dispatch Study

BE IT HEREBY RESOLVED that the Shawnee Township Board of Trustees authorizes participation in the Regional Dispatch Study to be conducted for the participants with a 90/10 matching grant total of approximately \$100,000.00. The participants; Shawnee Township, Delphos, Allen County Sheriff's Office, and the City of Lima will split the uncovered 10% portion of the cost not to exceed \$2,500.00 per participant. Shawnee Township Trustees authorize the payment of \$2,500.00 as their share of the participation cost.

Motion C. Seddelmeyer
Second R. Holly

Adopted this 27th day of August 2012

Mr. David Belton *absent* (Yes or No)
Mr. Russell E. Holly (~~Yes~~ or No)
Mrs. Chris Seddelmeyer (~~Yes~~ or No)

Board of Township Trustees of Shawnee Township, Allen County, Ohio:

Trustee
Russell E. Holly
Trustee
Chris Seddelmeyer
Trustee

Attest:

Stephanie Hoffer, Fiscal Officer

**RESOLUTION SUPPORTING THE APPLICATION OF A GRANT THAT WILL DEVELOP A STUDY OF
CENTRALIZED DISPATCHING IN ALLEN COUNTY AND DECLARING IT AN EMERGENCY.**

Whereas, since 2006 members of the public safety community, that includes all four full time dispatch centers(Allen County Sheriff's Office, Lima police Department, Delphos Police Department, and Shawnee Township) have been discussing the concept of creating a centralized dispatch center.

WHEREAS, on or before September 4, 2012 the Ohio Department of Development will be able to accept grant applications under the "Local Government Innovation Fund (LGIF)

WHEREAS, the Board of Commissioners for Allen County in collaboration with Allen County Sheriff's Office, Lima Police Department, Delphos Police Department, and Shawnee Township Police Department will be submitting a grant application requesting \$100,000 to fund an Allen County joint Dispatch center feasibility study.

WHEREAS, to qualify for any future funding under the Local Government Innovation Fund Program, an applicant must demonstrate a probable success through the submission of a feasibility study.

NOW THEREFORE BE IT RESOLVED by the trustees of American Township express our support for the submission of a LGIF grant to create a feasibility study on centralized dispatch.

BE IT FURTHER RESOLVED that this resolution is declared an emergency measure necessary for the preservation of public peace and welfare and so that the application can be filed before the September 4,2012 deadline.

WHEREFORE IT BE FURTHER RESOLVED that this resolution was duly adopted this 27th day of August, 2012

Paul M. Basinger – Trustee American Township

Attest: *Resolution Approved 8/27/12*

Laurie Swick

Laurie Swick , Fiscal Officer

**Joint Allen County Dispatch Center
EXHIBIT #1**

2009	Allen County	Lima PD	Shawnee	Delphos	Spencerville EMS	Total
Call Volume						
Fire/EMS	5,547	5,169	1,054	1,124		12,894
Police	76,013	37,977	5,755	6,076		125,717
Total	81,560	43,146	6,809	7,200	300	139,411
Number of employees						
Full time	15	9	8	4	7	43
Part time	15	9	7	4	7	42
	0	0	1	0		1
2010						
Call Volume						
Fire/EMS	4,533	6,640	1,136	1,180	325	13,814
Police	66,340	37,847	6,084	9,312		119,583
Total	70,873	44,487	7,220	10,492	325	133,397
Number of employees						
Full time	15	8	8	4	7	42
Part time	15	8	7	4	7	41
	0	0	1	0		1
2011						
Call Volume						
Fire/EMS	4,878	6,344	1,163	1,266	354	14,005
Police	61,594	42,299	6,013	7,514		117,420
Total	66,472	48,643	7,176	8,780		131,071
Number of employees						
Full time	15	9	8	4	7	43
Part time	15	9	6	4	7	41
	0	0	2	0		2

Joint Allen County Dispatch Center

EXHIBIT #2

2009

	Allen County	Lima PD	Shawnee	Delphos	Spencerville EMS	Annual Totals
Maintenance costs	\$44,048.00	\$5,000.00	\$5,842.56	\$6,000.00		\$60,890.56
Total employee cost	\$741,403.35	\$556,000.00	\$384,617.06	\$223,227.75	\$81,000.00	\$2,016,248.16
Non-disp duties	\$0.00	\$0.00	(\$146,154.49)	(\$133,936.47)		(\$280,090.96)
LEADS cost	<u>\$9,000.00</u>	<u>\$9,000.00</u>	<u>\$8,964.00</u>	<u>\$8,964.00</u>	<u>0</u>	<u>\$35,928.00</u>
TOTAL	\$794,451.35	\$570,000.00	\$253,269.13	\$104,255.28	\$0.00	\$1,721,975.76

2010

Maintenance costs	\$44,928.96	\$15,000.00	\$5,000.00	\$6,000.00		\$70,928.96
Total employee cost	\$741,403.35	\$550,277.00	\$421,818.00	\$222,300.00	\$81,000.00	\$1,935,798.35
Non-disp duties	\$0.00	\$0.00	(\$160,290.00)	(\$133,380.00)		(\$293,670.00)
LEADS cost	<u>\$9,000.00</u>	<u>\$9,000.00</u>	<u>\$8,964.00</u>	<u>\$8,964.00</u>	<u>0</u>	<u>\$35,928.00</u>
TOTAL	\$795,332.31	\$574,277.00	\$275,492.00	\$103,884.00	\$0.00	\$1,748,985.31

2011

Maintenance costs	\$45,827.54	\$15,000.00	\$8,828.00	\$6,000.00		\$75,655.54
Total employee cost	\$741,403.35	\$553,084.00	\$434,768.00	\$232,663.00	\$81,000.00	\$1,961,918.35
Non-disp duties	\$0.00	\$0.00	(\$165,212.00)	(\$139,597.80)		(\$304,809.80)
LEADS cost	<u>\$9,000.00</u>	<u>\$9,000.00</u>	<u>\$8,964.00</u>	<u>\$8,964.00</u>	<u>0</u>	<u>\$35,928.00</u>
TOTAL	\$796,230.89	\$577,084.00	\$287,348.00	\$108,029.20	\$0.00	\$1,768,692.09



Local Government Innovation Fund Completeness Review

Applicant: Board of Commissioners for Allen County
Project Name: Joint Allen County Communication Study

Issues for Response

64. Format

Application is in the correct format and is ready for review.

65. Request

Application is for an eligible request.

66. Project Budget

The project budget requires attention. Please address the following issues: The Total Sources and Total Used boxes do not match. Please recalculate the project budget to fix this error and justify the Uses of Funds in the Project Budget Narrative section.

67. Program Budget

The application is required to submit six years of program budgets.

68. Return on Investment

Please recalculate your Return on Investment to reflect the ROI for the projected three year period.

69. Resolutions of Support

The following collaborative partners are required to provide a resolution of support from their governing entity in order to be considered a partner for the purposes of scoring for this application: Allen County Emergency Management Agency, Bath Township Fire Department, Bluffton Fire Department, Beaverdam-Richland Fire Department, Cairo-Monroe Fire Department, Harrod Voluntary Fire Department, Invincible Fire Department, Layafayette Jackson Fire Department, Perry Township Volunteer Fire Department, Westminister Rural Fire Department, Marion Township Police Department, Elida Police department, Delphos Police Department, Delphos Fire and Rescue, Shawnee Township Police Department, Shawnee Township Fire Department, American Township Police Department, American Township Fire Department, Johnny Appleseed Park Police Department.

70. Partnership Agreements

All of the listed collaborative partners are required to provide evidence of signature on the partnership agreement to be considered as partners for the purposes of scoring this application.

71. Total Number of Validated Partners

The application has a total of zero collaborative partners with the appropriate documentation.

72. Other Comments

There are no other pieces of information needed at this time.

Memorandum

To: Thea J. Walsh, Deputy Chief- ODOD
Nichole Brent, Grant Administrator
Local Government Innovation Fund Program (LGIF)

CC: Innovation file

From: Gregory C. Berquist, Safety Services Director - City of Delphos

Date: 10/22/2012

Re: Application Cure

This memorandum and attached support documents will address the comments for “Application Cure” for the *Joint Allen County Communication Study*. The Item are addressed in the order presented in the October 9, 2012 letter.

1/64 Format – No action needed.

2/65 Request – No action needed.

3/67 Program Budget. The application was submitted with three years of budget information. The participants will accept the reduced point rating (3 points) for having only three years of budgeting.

4/68 Return on Investment. Please attached

5/69 Resolution of Support. There were four resolutions attached to the original application. The Board of Commissioners for Allen County resolution represents: the Allen County Sheriff’s Office, Allen County Office of Homeland Security, Johnny Appleseed Metropolitan Parks District Police, and Allen County Dog Warden. The resolution from the Delphos City Council represents The Delphos Police Department, and the Delphos Fire and EMS. The Resolution from the Shawnee Township Board of Trustees represents the Shawnee Township Police Department and the Shawnee Township Fire and EMS. The Resolution from the American Township Board of Trustees represents the American Township Police Department and the American Township Fire and EMS. Since municipal public service agencies cannot pass resolution, attached is a new document representing seven (7) fire departments that would benefit from the study and supplement Joint communication center. (See Attached)

6/70-71 Partnership Agreement and Valid Partners Attached is a *Memorandum of Agreement* signed by duly authorized representatives of Allen County and the city of Delphos. The agreement obligates the participation of Allen County Sheriff’s Office, Allen County Office of Homeland Security, Johnny Appleseed Metropolitan Parks District Police, Allen County Dog Warden, the Delphos Police Department, and the Delphos Fire and EMS with the study.

3/67

Lead Applicant		Round 3
Project Name		Type of Request Grant

Project Budget

Sources of Funds

LGIF Request:	\$95,000
Cash Match (List Sources Below):	
Source: City of Lima	\$2,500
Source: City of Delphos	\$2,500
Source: Allen County	\$2,500
Source: Shawnee Township	\$2,500
In-Kind Match (List Sources Below):	
Source: City of Delphos	\$2,000
Source: Allen County	\$2,000
Source:	
Total Match:	\$14,000
Total Sources:	\$109,000

Uses of Funds

	Amount	Revenue Source
Consultant Fees:	\$105,000	Grant and Cash Match
Legal Fees:		
Other: Allen County	\$2,000	In Kind
Other: Delphos	\$2,000	In Kind
Other:		

Total Uses:	\$109,000
Local Match Percentage:	12.84%

* 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).

The applicant proposed to hire a consultant, by releasing a Request for Proposal (RFP). The combined funding from the grant and cash match will be used to hire the consultant. The consultant will be responsible for all associated expenses to include but not limited to: salaries, insurance, travel and per diems. The maximum amount allocated for the consultant will be \$105,000.

The In Kind match comes from two sources, The Board of Commissioners for Allen County and the City of Delphos. The EMS Director (Allen County) and Safety Service Director (City of Delphos) will co-manage and administer the project. The management and administration of the project is expected consume approximately 88 hours, split between the directors (88 hours x \$45.00 = \$4000.00)

Section 4 Financial Information

3/67

Lead Applicant	Board of Commissioners for Allen County	Round 3
Project Name	Joint Allen County/Communication Study	Type of Request
		Grant

Program Budget

Actual <input type="checkbox"/> Projected <input checked="" type="checkbox"/>	Expenses	FY 2012 Amount	FY 2013 Amount	FY _____ Amount
	Salary and Benefits			
	Contract Services	\$25,000	\$80,000	
	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 - Allen County - In Kind	\$2,000		
	*Other - City of Delphos - In Kind	\$2,000		
	*Other - _____			
	TOTAL EXPENSES	\$29,000	\$80,000	\$0
	Contributions, Gifts, Grants, and Earned Revenue			
	<i>Local Government:</i> City of Delphos	\$2,500		
	<i>Local Government:</i> City of Lima	\$2,500		
	<i>Local Government:</i> Allen County	\$2,500		
	<i>State Government</i>	\$15,000	\$80,000	
	<i>Federal Government</i>			
	*Other - Shawnee Township	\$2,500		
	*Other - Allen County	\$2,000		
	*Other - City of Delphos	\$2,000		
	Membership Income			
	Program Service Fees			
	Investment Income			
	TOTAL REVENUES	\$29,000	\$80,000	\$0

Lead Applicant		Round 3
Project Name		Type of Request <u>Loan</u>

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 =
$$\frac{\$918,066}{\$1,194,400} * 100 = 76.86\%$$

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)

Using the data provided from an abridged study of dispatching staffing needs 2009-2011, the current cost of operating the three dispatch center in Allen County is roughly \$2,113,066.00 which accounts for forty-two (42) full-time employees and one (1) part time employee. The same study indicates the staffing level for a centralized dispatch system to be 17 full-time employees with the cost of operation being \$1,194,406. A savings of \$918,660.00 per year.

Based on the above information the return on investment for the study is estimated at 76.9%.

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

Allen County Fire Chiefs Association

October 18, 2012

To Whom It May Concern:

The following Fire Departments serving citizens within the area known as Allen County, Ohio hereby demonstrate their support of the Joint Allen County Communications Study as sought through an Ohio Development Services Agency grant on behalf the Allen County Board of County Commissioners, the City of Delphos, the City of Lima, and Shawnee Township.

Chief's Signature

Department Name (please print)

Bob Swisher Beaverdam - Richland

Jon Kinn BEUFFTON

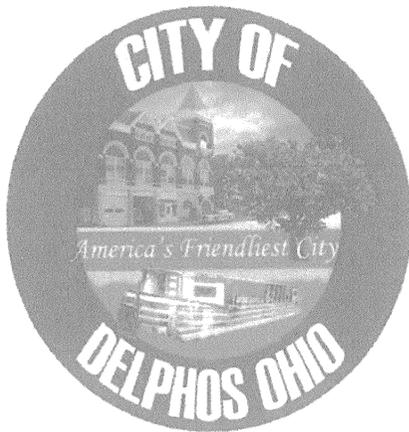
Rich Phillips Perry Twp Fire Dept

Steve Arny Harrod Vol. Fire Dept.

Stephen Striff WESTminster Rural Fire Dept.

Robert H. Hines LaFayette - Jackson Twp Fire Dept

Joseph Litch BATH TOWNSHIP F.D.



Memorandum of Agreement

Be it resolved that the Board of Commissioners for Allen County representing the following agency, Allen County Sheriff's Office, Allen County Homeland Security Office, Allen County Dog Warden, and Johnny Appleseed Metropolitan Park District and The City of Delphos representing the Delphos Police Department and Delphos Fire and Rescue mutually agree to manage and support the "Joint Allen County Communication Study". Both governing bodies will administer the local government Innovation Fund Grant.

Russell Decker
Director Homeland Security

Gregory C. Berquist
Safety Service Director

10/19/2012

Date

10/19/2012

Date