

## 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

<b>Lead Applicant</b>	
<b>Project Name</b>	
<b>Type of Request</b>	
<b>Funding Request</b>	
<b>JobsOhio Region</b>	
<b>Number of Collaborative Partners</b>	

#### Office of Redevelopment

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

Email: [LGIF@development.ohio.gov](mailto:LGIF@development.ohio.gov)

Phone: 614 | 995 2292

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

Lead Applicant				
<b>Mailing Address:</b>	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	
<b>Mailing Address:</b>	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	
<b>Mailing Address:</b>	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		<b>Round 3</b>	
Project Name		Type of	

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

<b>Collaborative Partners</b>		
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.		

<b>Population</b>		
The applicant is required to provide information from the 2010 U.S. Census information, available at: <a href="http://factfinder2.census.gov/">http://factfinder2.census.gov/</a>		
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		<b>Round 3</b>	
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 1					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 2					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 3					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 4					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 5					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 6					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 7					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 8					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 9					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 10					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 11					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 12					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>	
Project Name		Type of Request	

<b>Identification of the Type of Award</b>	
<b>Targeted Approach</b>	

**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		<b>Round 3</b>	
Project Name		Type of Request	

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

<b>Scalable/Replicable Proposal</b>	Scalable	Replicable	Both
<b>Scalable/Replicable (10 points)</b>			
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

<b>Probability of Success</b>	Yes	No
<b>Probability of Success (5 points)</b>		
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		<b>Round 3</b>	
Project Name		Type of Request	

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

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

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

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

## Project Budget

### Sources of Funds

LGIF Request:

Cash Match (List Sources Below):

Source:	<input style="width: 95%; height: 20px;" type="text"/>
Source:	<input style="width: 95%; height: 20px;" type="text"/>
Source:	<input style="width: 95%; height: 20px;" type="text"/>
Source:	<input style="width: 95%; height: 20px;" type="text"/>

In-Kind Match (List Sources Below):

Source:	<input style="width: 95%; height: 20px;" type="text"/>
Source:	<input style="width: 95%; height: 20px;" type="text"/>
Source:	<input style="width: 95%; height: 20px;" type="text"/>

Total Match:   
Total Sources:

### Uses of Funds

	<u>Amount</u>	<u>Revenue Source</u>
Consultant Fees:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Legal Fees:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other: _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" 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 - _____			
<b>TOTAL EXPENSES</b>			
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			
<b>TOTAL REVENUES</b>			

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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 - _____			
<b>TOTAL EXPENSES</b>			
Revenues	Revenues	Revenues	Revenues
<b>Contributions, Gifts, Grants, and Earned Revenue</b>			
Local Government: _____			
Local Government: _____			
Local Government: _____			
State Government			
Federal Government			
*Other - _____			
*Other - _____			
*Other - _____			
Membership Income			
Program Service Fees			
Investment Income			
<b>TOTAL REVENUES</b>			

<b>Lead Applicant</b>		<b>Round 3</b>
<b>Project Name</b>		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.

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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](mailto:lgif@development.ohio.gov)

Section 4  
Financial Information

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

## Scoring Overview

### Section 1: Collaborative Measures

Collaborative Measures	Description	Max Points		Applicant Self Score
<b>Population</b>	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 <b>smallest</b> population listed in the application. Applications from (or collaborating with) small communities are preferred.	5		
<b>Participating Entities</b>	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

<b>Past Success</b>	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		
<b>Scalable/Replicable Proposal</b>	Applicant's proposal can be replicated by other local governments or scaled for the inclusion of other local governments.	10		
<b>Probability of Success</b>	Applicant provides a documented need for the project and clearly outlines the likelihood of the need being met.	5		

### Section 3: Significance Measures

<b>Performance Audit Implementation/Cost Benchmarking</b>	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		
<b>Economic Impact</b>	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		
<b>Response to Economic Demand</b>	The project responds to current substantial changes in economic demand for local or regional government services.	5		

### Section 4: Financial Measures

<b>Financial Information</b>	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		
<b>Local Match</b>	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	5		
<b>Expected Return</b>	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		
<b>Repayment Structure (Loan Only)</b>	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**

**Memorandum of Understanding  
Gallia-Vinton Educational Service Center and  
Ohio Strategic Training Center, Inc.**

Gallia-Vinton Educational Service Center and the Ohio Strategic Training Center, Inc. enter into this Memorandum of Understanding for the purpose of conducting a planning study and an implementation of shared services through the Ohio Department of Development.

**Terms of Service and Confidentiality**

The Gallia-Vinton Educational Service Center in collaboration with the Ohio Strategic Training Center, Inc. has written a proposal to be submitted to the Ohio Department of Development. The proposal will allow a competitive grant application to be submitted to the Ohio Department of Education to create a community school to be located in Lawrence County, Ohio.

Based on the expertise and success of state and federal grants, the Gallia-Vinton Educational Service Center was selected for the proposal development. The administrative and fiscal teams have a thorough understanding of all state and federal guidelines and have an established history of 100% grant compliance.

Both entities have a mutual right to privacy and confidentiality in their service relationship. All documents will be kept confidential and will not be shared or released with any other person, entity, or agency without expressed written consent from both parties.

**The Gallia-Vinton Educational Service Center will:**

- Ensure integrity of implementation of the LGIF plan
- Serve as fiscal agent and perform all fiscal operations in accordance with grant guidelines
- Facilitate regularly scheduled meetings with the Ohio Strategic Training Center, Inc. to create quality responses to the Ohio Department of Education community school application questions
- Serve as an authority on legislative rules and regulations, educational programming requirements, and curriculum
- Act as a liaison between the Ohio Strategic Training Center, Inc. and the Ohio Department of Education
- Comply with Ohio Department of Development reporting mandates
- Provide shared services for the community school to control operating costs
- Report audit results on annual basis

**The Ohio Strategic Training Center, Inc. will:**

- Participate in planning meetings to complete the application process
- Research best practices for blended learning within a community school context
- Engage community partners for support
- Maintain liability insurance coverage throughout grant period
- If funded, will implement a community school that meets all legal and educational requirements to serve families and students in the Southeast Region of the State

This agreement is considered valid when both parties sign this agreement.

  
Dr. Scott Howard, Executive Director  
Ohio Strategic Training Center, Inc.

8-24-12  
Date

  
Dr. Denise Shockley, Superintendent  
Gallia-Vinton Educational Service Center

8/24/12  
Date



**Ohio Strategic Training Center, Inc.**

216 Collins Avenue  
South Point, Ohio 45680  
740-377-4550 (phone)  
740-377-2091 (fax)

**August 24, 2012**

**To Whom It May Concern,**

**The Ohio Strategic Training Center, Inc. is pleased to collaborate with the Gallia-Vinton Educational Service Center in submission of a grant application to the Ohio Department of Development. The purpose of the application is to secure funding support for a planning study on school choice in the Lawrence County Ohio area. Upon completion of the planning study, the collaborative partners will develop a competitive application to create a community school that allows educational choice to students and their families.**

**It is within the mission and vision of the Ohio Strategic Training Center, Inc. to develop services in Lawrence County, Ohio to assist organizations in conducting planning studies, contribute to workforce development, and build capacity for expanded opportunities for employment and education.**

**Please contact me should you have questions.**

**Sincerely,**

A handwritten signature in black ink, appearing to read 'C. Scott Howard', is written over a faint, larger version of the same signature.

**C. Scott Howard, Ph.D.  
Executive Director**



## GALLIA-VINTON EDUCATIONAL SERVICE CENTER

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P.O. Box 178 • Rio Grande, Ohio 45674-0178 • (740) 245-0593 • fax (740) 245-0596

### COLLABORATION WITH OHIO STRATEGIC TRAINING CENTER, INC. IN PLANNING STUDY AND AN IMPLEMENTATION OF SHARED SERVICES

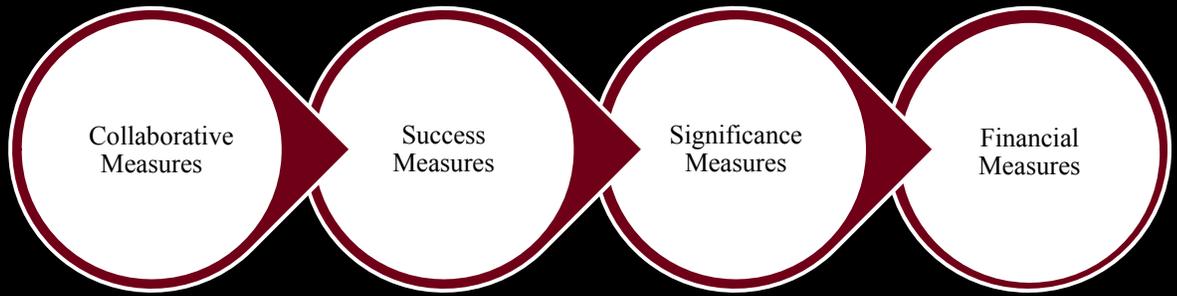
The Gallia-Vinton Educational Service Center Governing Board encourages the submission of a grant application to the Ohio Department of Development for the purpose of a planning study and an implementation of shared services with the Ohio Strategic Training Center, Inc.

The Board of Education met in an open meeting and heard discussion of the plan. The Superintendent gave steps necessary to develop a proposal and submit an application to the Ohio Department of Development. Shared services is a mission of the Gallia-Vinton Educational Service Center.

Board members present at the meeting were: David Stiffler, Jr., Steve Saunders, Carol Porter, Doug Pugh, Thomas Metcalf, and Jerilyn Belcher.

The Governing Board meeting was held on the 9<sup>th</sup> day of August, 2012.

  
\_\_\_\_\_  
Treasurer



## 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

<b>Lead Applicant</b>	
<b>Project Name</b>	
<b>Type of Request</b>	
<b>Funding Request</b>	
<b>JobsOhio Region</b>	
<b>Number of Collaborative Partners</b>	

#### Office of Redevelopment

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

Email: [LGIF@development.ohio.gov](mailto:LGIF@development.ohio.gov)

Phone: 614 | 995 2292

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

Lead Applicant				
<b>Mailing Address:</b>	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	
<b>Mailing Address:</b>	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	
<b>Mailing Address:</b>	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		<b>Round 3</b>	
Project Name		Type of	

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

<b>Collaborative Partners</b>		
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.		

<b>Population</b>		
The applicant is required to provide information from the 2010 U.S. Census information, available at: <a href="http://factfinder2.census.gov/">http://factfinder2.census.gov/</a>		
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		<b>Round 3</b>	
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 1					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 2					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 3					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 4					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 5					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 6					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 7					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 8					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>		
Project Name		Type of Request		

<b>Collaborative Partners</b>					
Number 9					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 10					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 11					
Address Line 1		<b>Population</b>			
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	

<b>Collaborative Partners</b>					
Number 12					
Address Line 1		<b>Population</b>			
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		<b>Round 3</b>	
Project Name		Type of Request	

<b>Identification of the Type of Award</b>	
<b>Targeted Approach</b>	

**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		<b>Round 3</b>	
Project Name		Type of Request	

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

<b>Scalable/Replicable Proposal</b>	Scalable	Replicable	Both
<b>Scalable/Replicable (10 points)</b>			
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

<b>Probability of Success</b>	Yes	No
<b>Probability of Success (5 points)</b>		
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		<b>Round 3</b>	
Project Name		Type of Request	

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

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

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

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

## 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: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 150px;" type="text"/>	<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 - _____			
<b>TOTAL EXPENSES</b>			
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			
<b>TOTAL REVENUES</b>			

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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 - _____			
<b>TOTAL EXPENSES</b>			
Revenues	Revenues	Revenues	Revenues
<b>Contributions, Gifts, Grants, and Earned Revenue</b>			
Local Government: _____			
Local Government: _____			
Local Government: _____			
State Government			
Federal Government			
*Other - _____			
*Other - _____			
*Other - _____			
Membership Income			
Program Service Fees			
Investment Income			
<b>TOTAL REVENUES</b>			

<b>Lead Applicant</b>		<b>Round 3</b>
<b>Project Name</b>		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.

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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](mailto:lgif@development.ohio.gov)

Section 4  
Financial Information

<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		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)
--	---

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

## Scoring Overview

### Section 1: Collaborative Measures

Collaborative Measures	Description	Max Points		Applicant Self Score
<b>Population</b>	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 <b>smallest</b> population listed in the application. Applications from (or collaborating with) small communities are preferred.	5		
<b>Participating Entities</b>	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

<b>Past Success</b>	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		
<b>Scalable/Replicable Proposal</b>	Applicant's proposal can be replicated by other local governments or scaled for the inclusion of other local governments.	10		
<b>Probability of Success</b>	Applicant provides a documented need for the project and clearly outlines the likelihood of the need being met.	5		

### Section 3: Significance Measures

<b>Performance Audit Implementation/Cost Benchmarking</b>	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		
<b>Economic Impact</b>	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		
<b>Response to Economic Demand</b>	The project responds to current substantial changes in economic demand for local or regional government services.	5		

### Section 4: Financial Measures

<b>Financial Information</b>	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		
<b>Local Match</b>	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	5		
<b>Expected Return</b>	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		
<b>Repayment Structure (Loan Only)</b>	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**

The application process; the competitive nature and the criteria for selection.

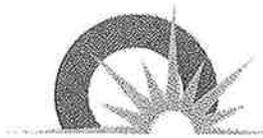
The Gallia-Vinton Educational Service Center (Dr. Denise Shockley) and the Ohio Strategic Training Center (Dr. Scott Howard) began the application process for a community school by visiting with consultants (Ms. Denise Cooper and Mr. Mark Michael) of the Ohio Department of Education on August 10, 2012. The Gallia-Vinton ESC and the Ohio Strategic Training Center representatives recognized the importance of fully understanding the process as well as the extent of commitment for the undertaking of creating a new community school. Questions and information were exchanged and the ESC and the Ohio Strategic Training Center representatives have a comprehensive knowledge of the application and implementation requirements for community schools.

The Ohio Department of Education only awards five charters per year for new, start-up community schools. The application/award timeline and process is firm. The department scores the applications in order of receipt thus it is critical to submit an application as soon as the acceptance period begins. Applicants are notified within 30 days of submission whether the application have been approved or whether insufficiencies have been noted. The submitting agencies have 30 days to correct deficits and the department reserves the right to determine if inadequacies have been addressed. Applications are rated according to standards which include Ohio statutory requirements and principles of the National Association of Charter School Authorizers. Applications must earn at least 90 points to meet the threshold of approval. Applicants meeting the threshold must take part in an extensive interview with the Ohio Department of Education. If the school request is subsequently approved a contract will be required for the official authorization of the school.

The Ohio Department of Education will only approve candidates whose applications reveal high-level planning and insight. The proposed academic program must be one of exceptional quality and the plan for fiscal services must be indisputable and transparent.

Applicants must submit highly-detailed answers regarding the multiple facets of a community school program. Some components to be addressed include governance and oversight, curriculum , instruction and assessment, recruiting and retaining students, human resources, professional development, IDEA requirements, facilities, transportation, family and community involvement, funding, and more. The applicants must provide answers of great specificity and include documentation/evidence when appropriate. And, since the process is competitive and the standards are high, it is suggested applicants go beyond the suggested response information and requested evidence when possible.

The Gallia-Vinton Educational Service Center and the Ohio Strategic Training Center intend to submit an application of quality. They look forward to the opportunity to deeply engage in the process required to be fully prepared to implement and sustain an outstanding school for area students.



Ohio Strategic Training Center  
www.ohiotraining.net

216 Collins Avenue  
South Point, OH 45680

Phone: 740 377 4550  
Fax: 740 377 2091

August 24, 2012

To Whom It May Concern,

The Ohio Strategic Training Center, Inc. is pleased to collaborate with the Gallia-Vinton Educational Service Center in submission of a grant application to the Ohio Department of Development. The purpose of the application is a planning study that will lead to an implementation of shared services. If funded, the collaborative partners will develop a competitive application to create a community school that allows educational choice to students and their families.

It is within the mission and vision of the Ohio Strategic Training Center, Inc. to develop services in Lawrence County, Ohio to assist organizations in conducting planning studies, contribute to workforce development, and build capacity for expanded opportunities.

The Ohio Strategic Training Center will provide the \$10,000.00 community partners match.

Please contact me should you have questions.

Sincerely,

C. Scott Howard, Ph.D.  
Executive Director

**Memorandum of Understanding  
Gallia-Vinton Educational Service Center and  
Ohio Strategic Training Center, Inc.**

Gallia-Vinton Educational Service Center and the Ohio Strategic Training Center, Inc. (OSTC) enter into this Memorandum of Understanding for the purpose of conducting a planning study and an implementation of shared services through the Ohio Department of Development.

**Terms of Service and Confidentiality**

The Gallia-Vinton Educational Service Center in collaboration with the Ohio Strategic Training Center, Inc. has written a proposal to be submitted to the Ohio Department of Development. The proposal will allow a competitive grant application to be submitted to the Ohio Department of Education to create a community school to be located in Lawrence County, Ohio.

Based on the expertise and success of state and federal grants, the Gallia-Vinton Educational Service Center was selected for the proposal development. Its administrative and fiscal teams have a thorough understanding of all state and federal guidelines and have an established history of 100% grant compliance.

Both entities have a mutual right to privacy and confidentiality in their service relationship. All documents will be kept confidential and will not be shared or released with any other person, entity, or agency without expressed written consent from both parties.

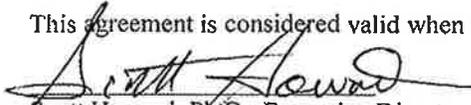
**The Gallia-Vinton Educational Service Center will:**

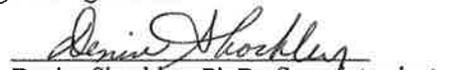
- Ensure integrity of implementation of the Local Government Innovation Fund (LGIF) plan
- Serve as fiscal agent and perform all fiscal operations in accordance with grant guidelines
- Facilitate regularly scheduled meetings with the Ohio Strategic Training Center, Inc. to create quality responses to the Ohio Department of Education community school application questions
- Serve as an authority on legislative rules and regulations, educational programming requirements, and curriculum
- Act as a liaison between the Ohio Strategic Training Center, Inc. and the Ohio Department of Education
- Comply with Ohio Department of Development reporting mandates
- Provide shared services for the community school to control operating costs
- Report audit results on annual basis

**The Ohio Strategic Training Center, Inc. will:**

- Participate in planning meetings to complete the application process
- Identify and have final approval for any consultants needed for study completion
- Research best practices for blended learning within a community school context
- Engage community partners for support
- Maintain liability insurance coverage throughout grant period
- Ensure completion of study and application for community school
- If funded, and assuming the study results support the need for such a school, OSTC will implement a community school that meets all legal and educational requirements to serve families and students in the Southeast Region of the State

This agreement is considered valid when both parties sign this agreement.

  
Scott Howard, Ph.D., Executive Director  
Ohio Strategic Training Center, Inc.

  
Denise Shockley, Ph.D., Superintendent  
Gallia-Vinton Educational Service Center

Date 10-30-12

Date 10/30/12