



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	<input type="checkbox"/> Yes <input type="checkbox"/> No				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	<input type="checkbox"/> Yes <input type="checkbox"/> No				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	<input type="checkbox"/> Yes <input type="checkbox"/> No				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	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 2 Collaborative Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 5					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 6					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 7					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 8					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 9					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 10					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 11					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 12					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	

Identification of the Type of Award	
Targeted Approach	

Project Description (4000 character limit)

Please provide a general description of the project. The information provided will be used for council briefings, program, and marketing materials.

Section 3
Project Information

Lead Applicant		Round 3	
Project Name		Type of Request	

Past Success	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)		
If the project is the result of recommendations from a performance audit provided by the Auditor of State under Chapter 117 of the Ohio Revised Code or a cost benchmarking study, please attach a copy with the supporting documents. In the section below, provide a summary of the performance audit or cost benchmarking study. (1000 character limit)		

Economic Impact	Yes	No
Economic Impact (5 points)		
Provide a summary of how the proposal will promote a business environment (through a private business relationship) and/or provide for community attraction. (1000 character limit)		

Section 3
Project Information

Response to Economic Demand	Yes	No
Response to Economic Demand (5 points)		
Provide a summary of how the project responds to substantial changes in economic demand for local or regional government services. The narrative should include a description of the current service level. (1000 character limit)		

Budget Information

General Instructions

- Both the Project Budget and Program Budgets are required to be filled out in this form.
- Consolidate budget information to fit in the form. Additional budget detail may be provided in the budget narrative or in an attachment in Section 5: Supplemental Information.

Project Budget:

- The Project Budget justification must be explained in the Project Budget Narrative section of the application. This section is also used to explain the reasoning behind any items on the budget that are not self explanatory, and provide additional detail about project expenses.
- The Project Budget should be for the period that covers the entire project. The look-back period for in-kind contributions is two (2) years. These contributions are considered a part of the total project costs.
- For the Project Budget, indicate which entity and revenue source will be used to fund each expense. This information will be used to help determine eligible project expenses.
- Please provide documentation of all in-kind match contributions in the supporting documents section. For future in-kind match contributions, supporting documentation will be provided at a later date.

Program Budget:

- Six (6) years of Program Budgets should be provided. The standard submission should include three years previous budgets (actual), and three years of projections including implementation of the proposed project. A second set of three years of projections (one set including implementation of this program, and one set where no shared services occurred) may be provided in lieu of three years previous if this does not apply to the proposed project.
- Please use the Program Budget Narrative section to explain any unusual activities or expenses, and to defend the budget projections. If the budget requires the combining of costs on the budget template, please explain this in the narrative.

Return on Investment:

- A Return on Investment calculation is required, and should reference cost savings, cost avoidance and/or increased revenues indicated in the budget projection sections of the application. Use the space designated for narrative to justify this calculation, using references when appropriate.

For Loan Applications only:

- Using the space provided, outline a loan repayment structure.
- Attach three years prior financial documents related to the financial health of the lead applicant (balance sheet, income statement, and a statement of cash flows).

Lead Applicant		Round 3	
Project Name		Type of Request	

Project Budget

Sources of Funds

LGIF Request:

Cash Match (List Sources Below):

Source:	<input style="width: 100%;" type="text"/>

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 any expenses that are not self-explanatory.

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
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 usual 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

PARTNERSHIP AGREEMENT FOR THE PARTICIPATION IN THE
LAKE COUNTY GENERAL HEALTH DISTRICT'S
Lake-Geauga Public Health System & Government Innovation Study

The Lake County General Health District (herein after referred as "LCGHD"), the Geauga County Health District (herein after referred as "GCHD"), and The Center for Community Solutions (herein after referred as "CSS) to participate in a management, planning, and feasibility study for the sharing of costs and realization of costs savings associated with administration, information technology (IT), and program and service delivery;

The respective partners identified above LCGHD agree to participate as a coordinating partner, to provide representation and in-kind match as identified in the project budget, provide report information, and to attend the meetings necessary for the completion of the feasibility study.

GOVERNANCE AND MANAGEMENT

1. CSS, GCHD, and LCC agree that the LCGHD will oversee, support, and address issues as specified in the this partnership agreement and feasibility Local Government Innovation Fund grant requirements including but not limited to;
 - (a) guide the planning and facilitation of meetings;
 - (b) review progress reports and feedback from any operational issues including the cost savings projection;
 - (c) report results of activity/monitoring that it undertakes;
 - (d) provide advice and technical expertise to the LCGHD and its associated partners
 - (e) generate ideas to enhance shared services and efficiencies; and
 - (f) identify resources and technical experts
 - (g) develop functional tools for assessment and implementation
 - (h) implementation of mutually agreed upon cross-jurisdictional or shared services

OWNERSHIP AND PROPRIETARY INTERESTS

1. Each coordinating partner shall retain proprietary interest in its own data and Confidential Information which it submits for inclusion in *Lake-Geauga Public Health System & Government Innovation Study*.

COST TRACKING

1. Under the partnership agreement each aforementioned partners agrees to provide documentation necessary to successfully complete the feasibility study and reporting requirement for the duration of the project.

Lake-Geauga Public Health System & Government Innovation Study Partnership Agreement

2. All aforementioned partners further agree to provide actual costs incurred during the feasibility study and will be reimbursed for participation as outlined in the grant, dependent upon the grant award.

LIMITATIONS AND DISCLAIMERS

1. All aforementioned partners acknowledges and agrees that it is solely responsible for ensuring the accuracy and completeness of any data submitted for inclusion in the ***Lake-Geauga Public Health System & Government Innovation Study***.
2. In the event of early termination of this Agreement, LCGHD shall take reasonable steps to recover amounts paid by LCGHD to CSS or GCHD for any cost that the respective aforementioned partners did not incur.

TERM AND TERMINATION

1. The execution of the partnership agreement between LCGHD, CSS, and GCHD, is a condition precedent to this Agreement and upon termination of the Partnership Agreement, this Agreement shall be automatically terminated.
 - (a) This Agreement shall continue until the completion of the ***Lake-Geauga Public Health System & Government Innovation Study*** or upon written notice of termination by either Party.
 - (b) Neither Party shall be considered to be in default in performance of its respective obligations under this Agreement or held responsible to compensate the other party for damages or otherwise if the performance of such obligations fails or is delayed due to fire, strikes, floods, acts of God, civil commotion, warlike operations, or other unusual occurrences or inability to obtain human resources or materials or other delays or defaults caused by third parties which could not be reasonably foreseen and provided against. The party whose performance is prevented by such event shall be granted a period of time to comply with this Agreement equal to the time lost as a result of the *force majeure*.

Any notice, invoice, demand or other communication provided for under this Agreement shall be in writing and shall be deemed to be validly given if sent by the CEO or designate of a GCHD and CSS to LCGHD, by registered mail, addressed as follows:

Ron H. Graham RD, LD, MPH
Deputy Health Commissioner
Lake County General Health District
33 Mill St.
Painesville, Ohio 44077

Lake-Geauga Public Health System & Government Innovation Study Partnership Agreement

IN WITNESS WHEREOF The Center for Community Solutions has executed this Agreement this _____ day of _____, 2012 by the hands of its authorized signing officers on its behalf.

The Center for Community Solutions

Per: _____

Ken Slenkovich
The Center for Community Solutions

LIMITATIONS AND DISCLAIMERS

1. All aforementioned partners acknowledges and agrees that it is solely responsible for ensuring the accuracy and completeness of any data submitted for inclusion in the *Lake-Geauga Public Health System & Government Innovation Study*.
2. In the event of early termination of this Agreement, LCGHD shall take reasonable steps to recover amounts paid by LCGHD to CSS or GCHD for any cost that the respective aforementioned partners did not incur.

TERM AND TERMINATION

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- (b) Neither Party shall be considered to be in default in performance of its respective obligations under this Agreement or held responsible to compensate the other party for damages or otherwise if the performance of such obligations fails or is delayed due to fire, strikes, floods, acts of God, civil commotion, warlike operations, or other unusual occurrences or inability to obtain human resources or materials or other delays or defaults caused by third parties which could not be reasonably foreseen and provided against. The party whose performance is prevented by such event shall be granted a period of time to comply with this Agreement equal to the time lost as a result of the *force majeure*.

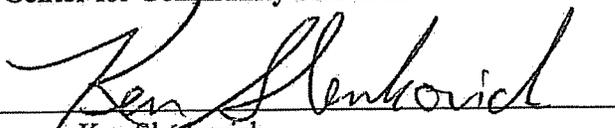
Any notice, invoice, demand or other communication provided for under this Agreement shall be in writing and shall be deemed to be validly given if sent by the CEO or designate of a GCHD and CSS to LCGHD, by registered mail, addressed as follows:

Ron H. Graham RD, LD, MPH
Deputy Health Commissioner
Lake County General Health District
33 Mill St.
Painesville, Ohio 44077

IN WITNESS WHEREOF The Center for Community Solutions has executed this Agreement this 4th day of September, 2012 by the hands of its authorized signing officers on its behalf.

The Center for Community Solutions

Per: _____



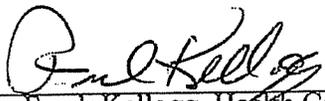
Ken Slenkovich
The Center for Community Solutions

Lake-Geauga Public Health System & Government Innovation Study Partnership Agreement

IN WITNESS WHEREOF LCGHD has executed this Agreement on this 23 day of

August, 2012 by the hand(s) of its authorized signing officers on its behalf

LAKE COUNTY GENERAL HEALTH DISTRICT

Per: 

Frank Kellogg, Health Commissioner

Lake-Geauga Public Health System & Government Innovation Study Partnership Agreement

IN WITNESS WHEREOF Geauga County Health District has executed this Agreement on this 23 day of August, 2012 by the hand(s) of its authorized signing officers on its behalf

GEAUGA COUNTY HEALTH DISTRICT

Per: 
Robert Weisdack, Health Commissioner

3. Operator Coaching – will assist staff in identifying, verifying and resolving problems. Will provide coaching as needed during regularly scheduled preventive maintenance visits.
4. Emergency Onsite Response - Will respond within 4 hours for critical emergencies, or within eight hours for non-emergency conditions, Monday through Sunday, 24 hours per day, including Holidays.
5. Perform scheduled database back-ups of field panel database and provide safe storage. Should a catastrophic event occur, will respond onsite to reload the databases and system files to restore operation as soon as possible.
6. Software maintenance – During on-site visits, will address any programming errors, failed points in alarm, unresolved points or points in operating priority.
7. Control loop timing – Control loops drift out of calibration with changes in mechanical efficiency, building use, and climatic conditions. Seimens will ensure control loops experience minimized overshooting and oscillatory behavior.
8. Network Maintenance – calibration and tuning of the data network variables impacting network performance, including node tables, token passes, turn speed, change in values over the network, unresolved points, and overall operation.
9. Preventive maintenance on HVAC controls

Reduced billing rates for on-site emergency services.

7.03

Permission to Adopt Resolution for the Intent to Participate in the Lake-Geauga Public Health System & Government Innovation Study

Patricia Murphy moved and Randy Owoc seconded a motion to adopt the following Board of Health Resolution for the Intent to Participate in the Lake-Geauga Public Health System & Government Innovation Study; motion carried.

**Board of Health Resolution for the Intent to Participate
in the
*Lake-Geauga Public Health System & Government Innovation Study***

WHEREAS, Lake County is a network of government, non-profit, and other agencies concerned with the public health system including coordination of health/education programs, public health authorities, and other health service providers; and,

WHEREAS, the Lake County General Health District seeks to continually develop a system for the efficient delivery and management of practice public health services/programs and further seeks to improve coordination of services currently provided in Lake County;

NOW THEREFORE, BE IT RESOLVED

That, for the purpose of preserving and promoting the Public Health and Welfare, the Lake County Board of Health agrees that;

- 1.) The Lake County General Health District shall partner with the Geauga County Health District in applying to the State of Ohio Department of Development for the Local Government Innovations Fund (LGIF Round 3) competitive grant application in an effort to study cross-jurisdictional services including but not limited human resource development (HR), Information Technology (IT), grant acquisition, voluntary national public health accreditation, programmatic administration and emergency response.
- 2.) The Lake County General Health District and Geauga County Health District staff will participate in a management, planning, and feasibility study for the sharing of costs and realization of costs savings associated with administration, information technology (IT), and program and service delivery;
- 3.) The Lake County General Health District will participate as a coordinating partner by attending planning meetings necessary for the completion of the feasibility study over the 24 month period;

Resolution adopted by the Lake County Board of Health on August 20, 2012
to become effective on 8/20/2012



Frank Kellogg, RS, MPH, Health Commissioner
Lake County General Health District



James Pegoraro, President
Lake County General Health District

7.04

Permission to Submit Community Transformation Grants – Small Communities Programs Grant, \$2,403,100

Patricia Fowler moved and Anthony Vitolo seconded a motion to submit to the Centers for Disease Control and Prevention the Community Transformation Grants – Small Communities Programs Grant in the amount of \$2,403,100; motion carried.

The Grant period is 24 months, from October 1, 2012 to September 31, 2014. The Lake County General Health District working in partnership with the Geauga County Health District submits an application for funding in response to the 2012 Prevention and Public Health Funds funding opportunity DP12-1216PPHF12: Community Transformation Grants – Small Communities Programs. The Lake-Gauga Community Transformation Implementation Plan (CTIP) will address portions of four of the strategies outlined in the June 2011 National Prevention Strategy, including tobacco-free living, active living and health eating, social and emotional wellness and healthy and safe physical environment.

Resolution 4-2012

Board of Health Resolution for the Intent to Participate in the *Lake-Geauga Public Health System & Government Innovation Study*

WHEREAS Geauga County is a network of government, non-profit, and other agencies concerned with the public health system including coordination of health/education programs, public health authorities, and other health service providers;

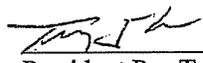
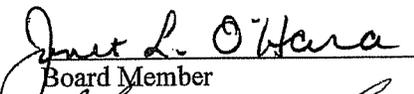
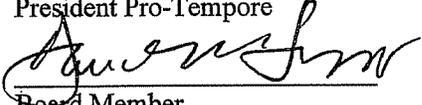
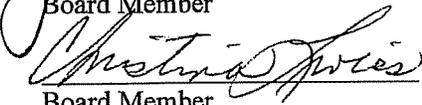
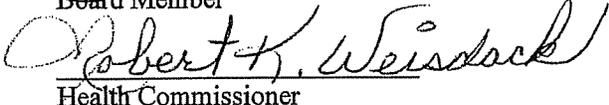
AND WHEREAS the Geauga County Health District seeks to continually develop a system for the efficient delivery and management of practice public health services/programs and further seeks to improve coordination of services currently provided in Geauga County;

NOW THEREFORE, BE IT RESOLVED

That, for the purpose of preserving and promoting the Public Health and Welfare, the Geauga County Board of Health agrees that;

- 1.) The Geauga County Health District shall partner with the Lake County General Health District in applying to the State of Ohio Department of Development for the Local Government Innovations Fund (LGIF Round 3) competitive grant application in an effort to study cross-jurisdictional services including but not limited human resource development (HR), Information Technology (IT), grant acquisition, voluntary national public health accreditation, programmatic administration and emergency response.
- 2.) The Geauga County Health District and Lake County General Health District staff will participate in a management, planning, and feasibility study for the sharing of costs and realization of costs savings associated with administration, information technology (IT), and program and service delivery;
- 3.) The Geauga County Health District will participate as a coordinating partner by attending planning meetings necessary for the completion of the feasibility study over the 24 month period;

Resolution # 4-2012 was adopted by the Geauga County Board of Health on August 20, 2012 to become effective on August 20, 2012.

	Vote		Vote
_____	_____		<u>yes</u>
Board President		President Pro-Tempore	
	<u>yes</u>		<u>yes</u>
Board Member		Board Member	
	<u>yes</u>		
Board Member		Health Commissioner	
		Secretary, Board of Health	



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

AUG 24 2012

Frank Kellogg
Health Commissioner
Lake County General Health District
33 Mill Street
Painesville, Ohio 44077

Dear Commissioner Kellogg:

The Ohio Department of Health (ODH) would like to extend an endorsement for the collaborative efforts taken by both the Lake County General Health District and the Geauga County General Health District relative to a shared services model. This timely demonstration of leadership and willingness to identify opportunities for improved effectiveness, efficiencies, capacity and performance of services is to be commended and recognized as a potential public health model.

As your local health departments continue to engage staff, boards and advisory members, ODH is committed to learning more throughout the process and to explore this strategy for other local health departments. More specifically, as the two health districts identify shared services opportunities in the areas of human resources, information technology and grant-writing and implementing a statewide survey of all local health districts through Kent State University, ODH will coordinate its staff in the areas of performance improvement, finance and technology per the findings.

In addition, ODH is committed to communicating lessons learned and identified opportunities through its statewide network of local health departments and public health associations. This can be achieved by featuring this project and its partners on the ODH/LHD website, through weekly conference calls with all Ohio local health departments and by creating appropriate enhancements to the local health department statewide reporting database. The database houses the local health department performance standards, financial and staffing information- a perfect platform to feature appropriate templates developed and cost-savings achieved by this grant opportunity.

These findings and strategies will move Ohio's local health departments forward in the area of national accreditation by identifying ways to achieve additional standards and measures otherwise unattainable on their own. The recent release of the 2012 Public Health Futures Report by the Association of Ohio Health Commissioners identifies the characteristics of an efficient and effective local health department. ODH supports the Lake County General Health District and the Geauga County General Health District in their joint pursuit of improving public health for the betterment of the combined population of 323,314 Ohioans.

Sincerely,

Theodore E. Wymyslo, M.D.
Director of Health

TEW/mt/jm

Program Budget Cure:

The budget years 2010, 2011, and 2012 demonstrate insignificant reductions in the salary benefits largely due to the inability to reduce administration and direct service staff. Numerous grant programs require a licensed or other professional supervisor/project director and therefore does not allow for position elimination. Contract services have been decreasing as less local dollars and grant dollars being utilized to subcontract services and such services are being brought back into the Health District.

Marketing cost have been steadily increasing as the Health District seeks to identify, recruit, and increase the utilization of services by the public to meet programmatic goals, regulations, and grant requirements. Revenues for the same period have been decreasing as the local tax support continues to decrease as a result for property valuation/assessment and State and Federal program funding is reduced consistently. However, local (non-property tax funds) have increased in an attempt to maintain minimum service levels in many programs.

The comparison of the 2013, 2014, and 2015 are as follows

The project will seek to reduce the duplication of services/resources in several program areas, specifically personnel costs for the application and continued support of Public Health Accreditation, the Federal WIC and Breastfeeding Peer program oversight/administration, Human Resource and Information Technology, Community Health Assessment, and grant administration reducing the cost of salary and benefits to the agencies. Personnel costs are projected to be reduced or avoided by \$319,381 and \$199,719 in 2014 and 2015 respectively.

Contracts will increase between the 2 participating Health Districts in order to realize the partnerships and staff necessary over the same 3 year budget comparison. Contracts will increase by __\$27,538 and \$7,298 in 2014 and 2015 respectively.

The net decrease is \$484,664.00

Training costs (primarily workforce development) will be reduced by 4,406 in year one and by 1,009 in year two via collaborate (most likely regional) trainings between Lake and Geauga County Health Districts. Net reduction is \$5,425.00

\$22,522 will be realized through increased revenues as a result of increase program promotion and marketing in the areas of vital statistics and fee for service receipts.

Return on Investment (ROI) Cure:

Total Dollars Saved: \$512,611.00

Total Program Cost: \$177,472.00

ROI is 288.85%



October 15, 2012

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Michael J. Peterman, *Vice Chair*
Anne M. Pombier, *Vice Chair*
Irwin M. Feldman, *Secretary*
Michael S. Mayor, *Treasurer*
Robin C. Cottingham, *Past Chair*
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JoAnn Boscia White
Stephen D. Williger

Ron H. Graham MPH, RD, LD
Deputy Health Commissioner
PHAB Coordinator
Director of Community Health Services
Lake County General Health District
33 Mill Street
Painesville, Oh 44077

Dear Mr. Graham,

The Center for Community Solutions (CCS) is committed to being a collaborative partner with the Lake County and Geauga County health departments on your proposed Local Government Innovation Fund initiative.

A resolution has been prepared and will be voted on by our Board of Directors Executive Committee at its next meeting on November 9, 2012. The Board has already been apprised of this project and is in full support of our participation in it. Immediately following the meeting I will forward you the signed resolution.

We are eager to begin working on this important project. Please contact me if there are any additional questions or if you need additional information.

Sincerely,

Ken Slenkovich
Associate Director

PARTNERSHIP AGREEMENT FOR THE PARTICIPATION IN THE
LAKE COUNTY GENERAL HEALTH DISTRICT'S
Lake-Geauga Public Health System & Government Innovation Study

The Lake County General Health District (herein after referred as “ LCGHD”), the Geauga County Health District (herein after referred as “ GCHD”), Ohio Department of Health (ODH),and The Center for Community Solutions (herein after referred as “ CSS) to participate in a management, planning, and feasibility study for the sharing of costs and realization of costs savings associated with administration, information technology (IT), and program and service delivery;

The respective partners identified above LCGHD agree to participate as a coordinating partner, to provide representation and in-kind match as identified in the project budget, provide report information, and to attend the meetings necessary for the completion of the feasibility study.

GOVERNANCE AND MANAGEMENT

1. CSS and GCHD agree that the LCGHD will oversee, support, and address issues as specified in the this partnership agreement and feasibility Local Government Innovation Fund grant requirements including but not limited to;
 - (a) guide the planning and facilitation of meetings;
 - (b) review progress reports and feedback from any operational issues including the cost savings projection;
 - (c) report results of activity/monitoring that it undertakes;
 - (d) provide advice and technical expertise to the LCGHD and its associated partners
 - (e) generate ideas to enhance shared services and efficiencies; and
 - (f) identify resources and technical experts
 - (g) develop functional tools for assessment and implementation
 - (h) implementation of mutually agreed upon cross-jurisdictional or shared services;
2. ODH agrees to provide the needed in-kind expertise in the areas of information technology and program and will share the results with other local health districts across the state.

OWNERSHIP AND PROPRIETARY INTERESTS

1. Each coordinating partner shall retain proprietary interest in its own data and Confidential Information which it submits for inclusion in *Lake-Geauga Public Health System & Government Innovation Study*.

COST TRACKING

Lake-Geauga Public Health System & Government Innovation Study Partnership Agreement

1. Under the partnership agreement each aforementioned partners agrees to provide documentation necessary to successfully complete the feasibility study and reporting requirement for the duration of the project.
2. All aforementioned partners further agree to provide actual costs incurred during the feasibility study and will be reimbursed for participation as outlined in the grant, dependent upon the grant award.

LIMITATIONS AND DISCLAIMERS

1. All aforementioned partners acknowledges and agrees that it is solely responsible for ensuring the accuracy and completeness of any data submitted for inclusion in the *Lake-Geauga Public Health System & Government Innovation Study*.
2. In the event of early termination of this Agreement, LCGHD shall take reasonable steps to recover amounts paid by LCGHD to CSS, , or GCHD for any cost that the respective aforementioned partners did not incur.

TERM AND TERMINATION

1. The execution of the partnership agreement between LCGHD, CSS, and GCHD, is a condition precedent to this Agreement and upon termination of the Partnership Agreement, this Agreement shall be automatically terminated.
 - (a) This Agreement shall continue until the completion of the *Lake-Geauga Public Health System & Government Innovation Study* or upon written notice of termination by either Party.
 - (b) Neither Party shall be considered to be in default in performance of its respective obligations under this Agreement or held responsible to compensate the other party for damages or otherwise if the performance of such obligations fails or is delayed due to fire, strikes, floods, acts of God, civil commotion, warlike operations, or other unusual occurrences or inability to obtain human resources or materials or other delays or defaults caused by third parties which could not be reasonably foreseen and provided against. The party whose performance is prevented by such event shall be granted a period of time to comply with this Agreement equal to the time lost as a result of the *force majeure*.

Any notice, invoice, demand or other communication provided for under this Agreement shall be in writing and shall be deemed to be validly given if sent by the CEO or designate of a GCHD and CSS to LCGHD, by registered mail, addressed as follows:

Ron H. Graham RD, LD, MPH
Deputy Health Commissioner
Lake County General Health District
33 Mill St.
Painesville, Ohio 44077

Lake-Geauga Public Health System & Government Innovation Study Partnership Agreement

IN WITNESS WHEREOF Ohio Department of Health has executed this Agreement on this 22 day of OCTOBER, 2012 by the hand(s) of its authorized signing officers on its behalf

Ohio Department of Health

Per: Theodore Wymyslo
Dr. Theodore Wymyslo, Director


Lake-Geauga Public Health System & Government Innovation Study Partnership Agreement

IN WITNESS WHEREOF Geauga County Health District has executed this Agreement on this 23 day of August, 2012 by the hand(s) of its authorized signing officers on its behalf

GEAUGA COUNTY HEALTH DISTRICT

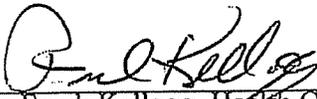
Per: 
Robert Weisdack, Health Commissioner

Lake-Geauga Public Health System & Government Innovation Study Partnership Agreement

IN WITNESS WHEREOF LCGHD has executed this Agreement on this 23 day of

August, 2012 by the hand(s) of its authorized signing officers on its behalf

LAKE COUNTY GENERAL HEALTH DISTRICT

Per: 

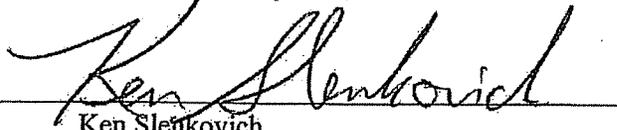
Frank Kellogg, Health Commissioner

IN WITNESS WHEREOF The Center for Community Solutions has executed this Agreement this 4th day of

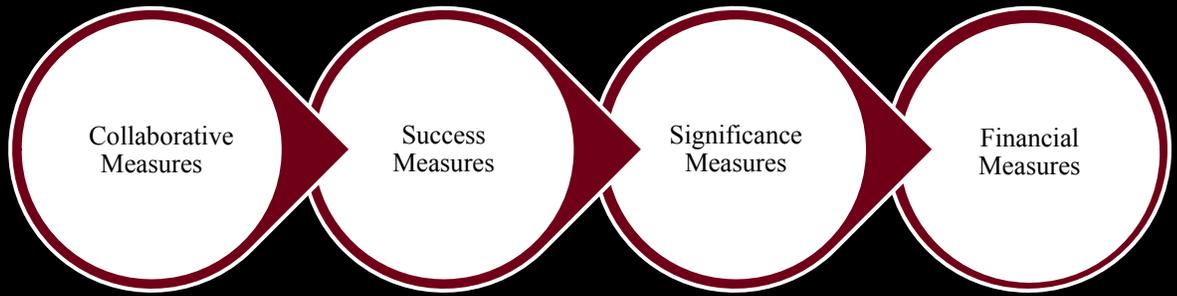
September, 2012 by the hands of its authorized signing officers on its behalf.

The Center for Community Solutions

Per:

A handwritten signature in cursive script, appearing to read "Ken Slenkovich", written over a horizontal line.

Ken Slenkovich
The Center for Community Solutions



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	<input type="checkbox"/> Yes <input type="checkbox"/> No				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	<input type="checkbox"/> Yes <input type="checkbox"/> No				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	<input type="checkbox"/> Yes <input type="checkbox"/> No				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	<input type="checkbox"/> Yes <input type="checkbox"/> No				Signed Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 2 Collaborative Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 5					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 6					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 7					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 8					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 9					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 10					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 11					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 12					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	

Identification of the Type of Award	
Targeted Approach	

Project Description (4000 character limit)

Please provide a general description of the project. The information provided will be used for council briefings, program, and marketing materials.

Section 3
Project Information

Lead Applicant		Round 3	
Project Name		Type of Request	

Past Success	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"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 100%;" type="text"/>	<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"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 100%;" type="text"/>	<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"/>	<input style="width: 100%;" type="text"/>
Other: <input style="width: 100%;" type="text"/>	<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"/>	<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 any expenses that are not self-explanatory.

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
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 usual 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

RECOMMENDATION OF THE EXECUTIVE DIRECTOR TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF THE CENTER FOR COMMUNITY SOLUTIONS TO PROVIDE TECHNICAL ASSISTANCE AND OTHER STAFF SUPPORT TO LOCAL BOARDS OF PUBLIC HEALTH TO FACILITATE COLLABORATION

Background

The Lake County and Geauga County health departments have decided to seek funding from the State of Ohio through the Local Government Innovation Fund to explore opportunities to share resources. The Center for Community Solutions has been asked to become a collaborative partner with the health departments and provide technical assistance. The LGIF process requires that a resolution be passed by the governing bodies of the collaborative partners and submitted as part of the application process.

Recommendation

The Executive Director recommends that the Board of Directors approve the following resolution:

WHEREAS the Center for Community Solutions is committed to working with the Lake County and Geauga County health departments to implement their proposed Local Government Innovation Fund initiative:

NOW THEREFORE, BE IT RESOLVED

The Center for Community Solutions will:

- 1.) Serve as a collaborative partner with the health departments;
- 2.) Provide technical assistance to assist the health departments determine the scope and feasibility of resource sharing opportunities.

Approved by the Executive Committee of the Board of Directors of The Center for Community Solutions November 9, 2012.

Stephen J. Squeri, Chair, Board of Directors

John A. Begala, Executive Director

Date: _____