



## 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         | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |  |          | 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         | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |  |          | 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         | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |  |          | 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         | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |  |          | 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 |  |
|                               |       |                        |        | <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 |  | Round 3         |  |
| 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: 100%;" type="text"/> |

In-Kind Match (List Sources Below):

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

Total Match:   
Total Sources:

### Uses of Funds

|                  | <u>Amount</u>                             | <u>Revenue Source</u>                     |
|------------------|-------------------------------------------|-------------------------------------------|
| Consultant Fees: | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Legal Fees:      | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Other: _____     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Other: _____     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Other: _____     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Other: _____     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Other: _____     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Other: _____     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Other: _____     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Total Uses:   
Local Match Percentage:

\* Please note that this match percentage will be included in your grant/loan agreement and cannot be changed after awards are made.

Local Match Percentage = (Match Amount/Project Cost) \* 100 (10% match required)  
10-39.99% (1 point)      40-69.99% (3 points)      70% or greater (5 points)

**Project Budget Narrative: Use this space to justify expenses (1200 character max).**

|                       |  |                 |  |
|-----------------------|--|-----------------|--|
| <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 |
| 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>                            |          |          |          |

|                |  |                 |
|----------------|--|-----------------|
| 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

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**

OFFICE OF  
**MEIGS COUNTY COMMISSIONERS**

---

**Tom Anderson, President**  
**Tim Ihle, Vice President**  
**Mike Bartrum, Member**  
**Gloria Kloes, Clerk**

Meigs County Courthouse  
Suite 301, 100 East Second Street  
Pomeroy, OH 45769  
740-992-2895  
Fax: 740-992-2270  
[www.meigscountycommissioners.com](http://www.meigscountycommissioners.com)

RESOLUTION

WHEREAS, the Meigs County Commissioners are committed to the efficient operation of county government and to provide our citizens the most effective services at the lowest possible cost;

WHEREAS, the Meigs County Commissioners wish to obtain professional services to examine our county government facilities and their related costs in order to find ways to save taxpayer dollars in the future while providing these necessary services;

BE IT THEREFORE RESOLVED that the Meigs County Commissioners support the application to the Local Government Innovation Fund to seek funding for this feasibility study.



Tom Anderson, President

## **Bent, Nicole**

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**From:** Perry Varnadoe <director@meigscountyohio.com>  
**Sent:** Monday, October 22, 2012 10:10 AM  
**To:** lgif  
**Subject:** Cure--Meigs County Citizens Services Efficiency Initiative

### 382—Program Budget

The bulk of our county facilities are old, in disrepair, and constantly in need of emergency repairs to make them usable. Due to their age and condition they are neither energy nor utilization efficient. Our county courthouse has not had a major upgrade in over 40 years, and our adjacent jail facility, while historic, is in constant need of repairs in order to meet state guidelines and stay open. Other offices are housed in our offsite courthouse annex, which is the former closed county infirmary site. The facility is over 100 years old and was deemed unfit for infirmary uses.

Our newer building was built in 1979 and houses our senior center and health department. While it is newer it is at the age where major HVAC and roofing repairs are necessary, and in some cases it is now too small and does not meet the needs of our citizens in 2012. We also rent downtown space for storage and offices for other departments from the private sector. In all of our owned facilities we are facing major necessary repairs over the next three years, including roofing, electrical, and HVAC, that will maintain the facility in its current condition but will not help us with future efficiency needs.

We believe that with expert consultation we can, over the next three years, progressively reduce our occupancy costs in energy, occupancy, and repairs by 8-19%. Further, we will strive through this project to develop a long term plan that will reduce costs, provide more effective and efficient services to our citizens, and lay out a long term strategy that will move us away from aging and expensive facilities and move us towards efficient facilities that incorporate energy savings and modern technology upgrades. Our savings will be both immediate through efficiencies, but more importantly long term through comprehensive planning.

### 383—Return on Investment

We believe that with professional guidance we can reduce our utility bills through efficiency, our occupancy costs via third party analysis of our occupancy costs versus needed repairs, and possibly staffing costs through the increased use of technology. Most importantly, we believe we can increase the service level to our citizens while reducing costs. We believe that over the next three years we can reduce our occupancy costs (repairs, rent, energy) by an average of over 12% annually.

Perry Varnadoe  
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Meigs County Economic Development Office  
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