

## Round 3: Application Form

# Local Government Innovation Fund

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

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

### LGIF: Applicant Profile

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

#### Office of Redevelopment

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

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

Phone: 614 | 995 2292

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

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

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

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

Section 1  
Contacts

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

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

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

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

Section 2 Collaborative Partners

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

**Nature of Partnership (2000 character limit)**

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

Section 2  
Collaborative Partners

**List of Partners**

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

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

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

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

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

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

<b>Collaborative Partners</b>					
Number 3					
Address Line 1		<b>Population</b>			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Collaborative Partners</b>					
Number 4					
Address Line 1		<b>Population</b>			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

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

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

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

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

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

Section 2 Collaborative Partners

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

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

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

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

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

Section 2 Collaborative Partners

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

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

Section 3  
Project Information

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

# Budget Information

## General Instructions

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

### Project Budget:

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

### Program Budget:

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

### Return on Investment:

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

### For Loan Applications only:

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

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

## Project Budget

### Sources of Funds

LGIF Request:

Cash Match (List Sources Below):

Source: _____	<input style="width: 100%; height: 20px;" type="text"/>
Source: _____	<input style="width: 100%; height: 20px;" type="text"/>
Source: _____	<input style="width: 100%; height: 20px;" type="text"/>
Source: _____	<input style="width: 100%; height: 20px;" type="text"/>

In-Kind Match (List Sources Below):

Source: _____	<input style="width: 100%; height: 20px;" type="text"/>
Source: _____	<input style="width: 100%; height: 20px;" type="text"/>
Source: _____	<input style="width: 100%; height: 20px;" type="text"/>

Total Match:   
Total Sources:

### Uses of Funds

	<u>Amount</u>	<u>Revenue Source</u>
Consultant Fees: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Legal Fees: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other: _____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Total Uses:   
Local Match Percentage:

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

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

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

Section 4 Financial Information

Lead Applicant		Round 3
Project Name		Type of Request

## Program Budget

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

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

## Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Amount	Amount	Amount
Salary and Benefits			
Contract Services			
Occupancy (rent, utilities, maintenance)			
Training and Professional Development			
Insurance			
Travel			
Capital and Equipment Expenses			
Supplies, Printing, Copying, and Postage			
Evaluation			
Marketing			
Conferences, meetings, etc.			
Administration			
*Other - _____			
*Other - _____			
*Other - _____			
<b>TOTAL EXPENSES</b>			
Revenues	Revenues	Revenues	Revenues
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)
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<b>Lead Applicant</b>		<b>Round 3</b>	
<b>Project Name</b>		Type of Request	

## Scoring Overview

### Section 1: Collaborative Measures

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

### Section 2: Success Measures

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

### Section 3: Significance Measures

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

### Section 4: Financial Measures

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

**Total Points**

Dennis Long moved the adoption of the following resolution

**RESOLUTION NO. 02-12  
SUPPORT OF INNOVATION GRANT FOR THE NORTH CENTRAL STATE  
COLLEGE AND PIONEER ADULT EDUCATION PARTNERS**

**WHEREAS**, the Board of Education of the Pioneer Career and Technology Center (PCTC) and North Central State College (NCSC), have held discussions concerning the merger of the Adult Education and Workforce Development to achieve efficiency in delivery of specific services; **AND**

**WHEREAS**, we believe that the merger will result in the improved delivery of Adult Education and Workforce Development and will result in efficient and effective services at a savings over cost standards; **AND**

**WHEREAS**, we believe the merger will promote collaboration and shared services as well as projects that facilitate improved business environments and community attractions.

**WHEREAS**, feasibility studies have been completed concerning the implementation of the program, including cost benchmarking planning, management investigation and targeting services to be provided; **AND**

**WHEREAS**, Pioneer Career and Technology Center Adult Education and North Central State College have agreed to apply for grant monies through the Innovation Grant to offset costs involved with this merger;

**NOW, THEREFORE, BE IT RESOLVED**, by the Board of Education of Pioneer Career and Technology Center to support the securing of the Innovation Grant for the North Central State College and Pioneer Adult Education Partnership.

Mary Jean Theaker seconded the motion

Adopted this 20<sup>th</sup> day of February, 2012



Pioneer Board President



Pioneer Treasurer



Pioneer Superintendent

**VOTE: Yeas;** Long, M. Theaker, Clutter, Dixon, Hope, Koons, Long, Stone, Showman, D. Theaker. **Nays;** none. **Motion carried.**

**CONSIDERATION OF APPROVAL OF  
SUPPORT OF INNOVATION GRANT FOR THE NORTH CENTRAL STATE COLLEGE  
AND PIONEER ADULT EDUCATION PARTNERS**

**R-2012-10**

***WHEREAS**, the Board of Education of the Pioneer Career and Technology Center (PCTC) and North Central State College (NCSC), have held discussions concerning the merger of the Adult Education and Workforce Development to achieve efficiency in delivery of specific services; and*

***WHEREAS**, we believe that the merger will result in the improved delivery of Adult Education and Workforce Development and will result in efficient and effective services at a savings over cost standards; and*

***WHEREAS**, we believe the merger will promote collaboration and shared services as well as projects that facilitate improved business environments and community attractions; and*

***WHEREAS**, feasibility studies have been completed concerning the implementation of the program, including cost benchmarking planning, management investigation and targeting services to be provided; and*

***WHEREAS**, Pioneer Career and Technology Center Adult Education and North Central State College have agreed to apply for grant monies through the Innovation Grant to offset costs involved with this merger;*

***NOW, THEREFORE, BE IT RESOLVED**, that the Board of Trustees of North Central State College extends its full support to the Local Government Innovation Fund grant application to fund a management project for the joint workforce development efforts of NCSC and PCTC. The two institutions have a long history of working well together and the Board expects this relationship to continue and to flourish through the establishment of a merger in workforce development efforts.*

ROLL CALL – Aye: 4

Nay: 0

Abstain: 1

North Central State College  
Board of Trustees  
March 28, 2012

Certified by:

  
\_\_\_\_\_  
Stephen R. Williams, Recorder

**Memorandum of Understanding  
Between  
Pioneer Career and Technology Center  
And  
North Central State College**

This Memorandum of Understanding ("The Agreement") is entered into this 9<sup>th</sup> day of April, 2012, at Shelby, Ohio by and between the following parties:

**Pioneer Career and Technology Center**, 27 Ryan Road, Shelby, Ohio 44875

**North Central State College (NC State) Workforce Development**, 175 Mansfield Avenue, Shelby, Ohio 44875

**Term of Agreement:** This agreement shall be in effect for a one year term, from April 9, 2012, through April 30, 2013. This agreement may be automatically extended for one year periods if a new agreement is not completed by January 20 of each year.

**Scope of Agreement:** This agreement outlines respective responsibilities of Pioneer Career and Technology Center and NC State in an arrangement, which involves the merger of workforce development operations at both institutions. In order to better serve area residents and reduce operation expenses for the individual operation, the two entities have agreed to merge workforce development operation. This arrangement allows for a single point of contact for adult workforce development for area companies seeking training for their employees and individuals interested in advancing their career opportunities.

Pioneer Career and Technology Center on behalf of both institutions has engaged a consultant, Mr. Tom Applegate to help advise both institutions on potential models of integration. That work will further define the details of our obligations to each other. In general terms however, *Duties will be divided as follows:*

Pioneer Career and Technology Center

1. Will provide staff to support goals and objectives approved by the combined entity's advisory board.
2. Will provide facilities and equipment to support the combined entity including, office space, technology support, and classroom and meeting space as needed.
3. Will provide necessary registration and/or coordination to enroll students in courses at Pioneer Career and Technology Center and NC State Kehoe Center for Advanced Learning.
4. Will facilitate the operation of courses/programs at Pioneer Career and Technology Center, when deemed appropriate, to train at the Pioneer facility.
5. Will provide specialized equipment, replacement of equipment, special laboratory furnishings, materials, textbooks and supplies necessary to conduct programming at Pioneer Career and Technology Center.

6. Will provide billing and reporting services as dictated by the Board of Regents and Ohio Department of Education for Workforce Development Training.
7. Will provide sufficient facilities and space, when appropriate, to operate a Workforce Development Training program.
8. Will coordinate services with NC State College to collect and maintain all pertinent student information, attendance records, etc. necessary to comply with reporting requirement of the Board of Regents and the Ohio Department of Education.
9. Will collect, when appropriate, any program fees, textbook fees, etc.
10. Will assist students with financial aid requirements when necessary.
11. Will maintain the appropriate staffing to operation programs/courses at Pioneer Career and Technology Center.

#### North Central State College

1. Will provide staff to support goals and objectives approved by the combined entity's advisory board.
2. Will provide budgetary and business office services for the combined entity.
3. Will provide necessary registration to enroll students in courses at NC State Kehoe Center for Advanced Learning.
4. Will provide students enrolled in an approved NC State class, full privileges afforded to all students (use of library, student union hall, student service, etc.)
5. Will provide facilities and equipment to support the combined entity including, office space, technology support, and classroom and meeting space as needed.
6. Will review faculty credentials and approve teaching in programs offered for credit.

**Mission of the Combined Entity:** The primary goal of the agreement is to provide excellence in workforce training to area businesses and citizens.

#### **Goals of Agreement:**

1. Meet industry and business training needs.
2. Teach relevant skills to area residents.
3. Operate as a source of revenue for each institution.

**Payment:** The merged workforce development operation will share revenue and expenses equally based on facility use and staff involvement.

**Subject to Appropriation:** It is understood that any and all expenditures of Pioneer and NC State funds are contingent on the availability of lawful appropriations by the Ohio General Assembly. If the district treasurer determines at any time that the General Assembly failed to continue funding for the payments and/or other obligations that may be due hereunder, the Pioneer's obligations under this contract are terminated as of the date that the funding expired without further obligations of Pioneer or NC State.

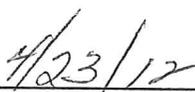
**Indemnification:** Each party agrees to be responsible for any personal injury or property damage caused by the negligent acts or negligent omissions by or through itself or its agents, employees and contracted servants and each party further agrees to defend itself and themselves and pay any judgments and costs arising out of such negligent acts or negligent omissions, and nothing in this Agreement shall impute or transfer any such responsibility from one to the other.

**Controlling law:** This agreement and the rights of the parties hereunder shall be governed by the laws of the State of Ohio and only Ohio courts shall have jurisdiction over any action or proceeding concerning the Agreement and/or performance thereunder.

**Termination of Agreement:** Either party may terminate this agreement with a 120-day written notice although such termination will not occur until current courses are completed.



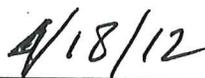
Glenna Cannon,  
Superintendent  
Pioneer Career and Technology Center



Date



Donald L. Plotts  
President  
North Central State College



Date



Koffi Akakpo  
Vice President for Business and Administrative Services  
North Central State College



Date



B01003

TOTAL POPULATION

Universe: Total population

2006-2010 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, for 2010, the 2010 Census provides the official counts of the population and housing units for the nation, states, counties, cities and towns. For 2006 to 2009, the Population Estimates Program provides intercensal estimates of the population for the nation, states, and counties.

	Richland County, Ohio		Shelby city, Ohio	
	Estimate	Margin of Error	Estimate	Margin of Error
Total	125,980	*****	9,177	+/-342

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

While the 2006-2010 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2006-2010 American Community Survey

Explanation of Symbols:

1. An '\*\*\*' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '\*\*\*\*' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '\*\*\*\*\*' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.



27 Ryan Road  
Shelby, Ohio  
44875

ph 419.347.7926  
1.877.818.7282  
fx 419.347.4709

www.go2pioneer.com

August 29, 2012

To Whom It May Concern:

This shall serve as confirmation of the amount budgeted for salary and benefits for the positions of COST (Computer Office Skills Training) Coordinator, DIT (Diversified Industrial Training) Consultant, and Executive Director Workforce Partnership:

Executive Director Workforce Partnership	
FY13 (8/6/12 – 6/30/13)	\$28,319.82
 COST Coordinator	
FY11 (7/1/10 – 6/30/11)	\$21,242.53
FY12 (7/1/11 – 6/30/12)	\$21,668.84
FY13 (7/1/12 – 6/30/13)	\$23,224.22
 DIT Consultant	
FY11 (7/1/10 – 6/30/11)	\$34,762.45
FY12 (7/1/11 – 6/30/12)	\$9,144.33
FY13 (7/1/12 – 6/30/13)	\$23,389.25

*Linda K. Schumacher*  
Linda K. Schumacher  
Treasurer

State of Ohio

County of Richland

On this, the 29<sup>th</sup> day of August, 2012, before me, a notary public, the undersigned Officer, personally appeared Linda K. Schumacher, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for them purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

*Rebecca G. Kimmel*  
Notary Public *commission expires June 16, 2014*

Glenna R. Cannon  
Superintendent

James M. Grubbs, Jr.  
Director of Business Affairs

Linda K. Schumacher  
Treasurer



## North Central State College

August 23, 2012

To Whom It May Concern:

This shall serve as confirmation of the amount budgeted for salary and benefits for the positions of Workforce Director and Corporate Training Consultant in the Workforce department:

Workforce Director (Nancy Kukay)

- FY 11 (7/1/10 – 6/30/11) \$75,841.39
- FY12 (7/1/11 – 2/14/12) \$51,874.36

Executive Director Workforce Partnerships

- FY13 (8/6/12 – 6/30/13) \$28,319.82

Corporate Training Consultant (Kathy Hamilton)

- FY 11 (7/1/10 – 6/30/11) \$77,284.00
- FY 12 (7/1/11 – 6/30/12) \$38,643.21

Doug Hanuscin  
Director, Human Resources

State of Ohio  
County Of Richland

On this, the 23 day of August, 2012, before me a notary public, the undersigned officer, personally appeared Doug Hanuscin, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public



SUSAN ELLIOTT  
NOTARY PUBLIC  
STATE OF OHIO  
Comm. Expires  
July 11, 2017

2441 Kenwood Circle  
PO Box 698  
Mansfield, OH 44901  
419.755.4800  
888.755.4899

## Contract for Services

This contract for services is between TNA and Associates (hereafter referred to as "consultant") and the Pioneer Career and Technology Center (hereafter referred to as the "center") for the purpose of providing services to assist in the development of an adult education delivery model for Pioneer CTC and North Central State College.

The parties agree that the consultant will provide the services as specifically outlined in this agreement in exchange for the amount specified. This contract is the entire agreement and any changes to the agreement may be made only by a written addendum and executed by both parties. The relationship of the consultant to the center is that of an independent contractor. The services and information provided by the consultant do not constitute the rendering of legal advice.

1. Governing law. All questions with respect to the construction, performance and enforcement of this contract and the rights and liabilities of the parties shall be determined by the laws of the State of Ohio.
2. Force majeure. Neither party shall be liable for failure to perform its obligations under this contract due to events beyond its reasonable control, including but not limited to illness, injury, boycotts, riots or other manifestations of civil strife, disorder, acts of God, wars, fire, epidemics or acts in compliance with any applicable law, regulation or order of any governmental body. In the event of a force majeure, there shall be no claim for damages by either party and each party shall bear its own costs attributable to the force majeure.
3. Notice. All notices or demands that either party may be required or desire to serve upon the other party in connection with this contract shall be in writing and may be served personally or by regular mail with constructive receipt deemed to have occurred six (6) calendar days after the mailing of such notice to the address of the principal place of business of the consultant and the board.
4. Duration. The contract shall expire upon the completion of all duties as assigned in the contract.
5. Cancellation/termination. This contract may be terminated by: (a) mutual agreement of the parties or (b) written notice of breach of this contract by either party. Any amounts owed for services rendered prior to this cancellation due to mutual agreement shall become due and must be paid in full upon cancellation. (c) no other provision for cancellation or termination is provided for.

**Services provided by the consultant:**

See attached addendum.

**Costs of Services:**

The cost of the services outlined in the attached addendum is \$11,500. The expenses outlined below are in addition to the \$11,500. The services identified in the addendum include up to four days of on-site services.

- Additional on-site consultation outside of the services outlined in the addendum is at the rate of \$2000 per day or part thereof.

Invoices are due within 30 days of receipt of the invoice. Invoices will be submitted on the following time schedule:

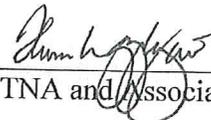
- 75% of the contract amount will be billed January 1, 2012
- 25% of the contract amount will be billed upon submission of the final report
- Expenses will be invoiced monthly

**Expenses:**

Expenses shall consist of:

- Mileage, meals and lodging incurred as a result of services of this contract. IRS mileage and per diem rates will be used in the calculation of the expense reimbursement
- Printing, mailing, copying, phone, supplies and materials charges.

\_\_\_\_\_  
Pioneer Career and Technology Center/Date

 October 1, 2010  
\_\_\_\_\_  
TNA and Associates/Date

## **Addendum**

### **Scope of Work, Timeline, Services Provided and Costs**

#### **Scope of Work:**

The consultant will work with the parties from Pioneer CTC and North Central State to create a model for the delivery of adult training services in the region. The model will focus on creating effectiveness and efficiency of delivery of existing and proposed adult training services.

#### **Phase I – Data collection and analysis**

- Facilitated SWOT analysis by NC State and Pioneer CTC key personnel
- Adult training services user focus group
- Data collection from Pioneer and NC State regarding facilities, programming, programming capacities, budgets, prior training efforts, customers, staffing, financial aide
- National review of selected models of delivery of adult training services
- Analysis of aforementioned data

#### **Phase II – Creation of proposed model**

- Development of proposed model
- Presentation to and review of proposed model by key NC State and Pioneer personnel
- Revision, if necessary, of model

#### **Phase III – Final model and report**

- Presentation of final model to Pioneer and NC State personnel
- Delivery of written report
- Development of a communication plan for the marketing of the new delivery model

# THE WORKFORCE DEVELOPMENT PARTNERSHIP



## **A Proposed Model For The Delivery Of Adult Workforce Education And Training For The Region**



Presented by:

Thomas N. Applegate

Executive Director

Ohio Association of Career and Technical  
Superintendents

April 23, 2012

## OBJECTIVES OF THE WORKFORCE DEVELOPMENT PARTNERSHIP

- **Eliminate duplication of efforts**
- **Simplify access to services for business, industry, associations and individuals (clients)**
- **Expand opportunities and services for clients, e.g. college credit, new programming, industry based certifications**
- **Reduce cost of operations**
- **Greater awareness of programs and services**
- **Single point of contact for programs and services**
- **Greater access and efficient use of facilities**

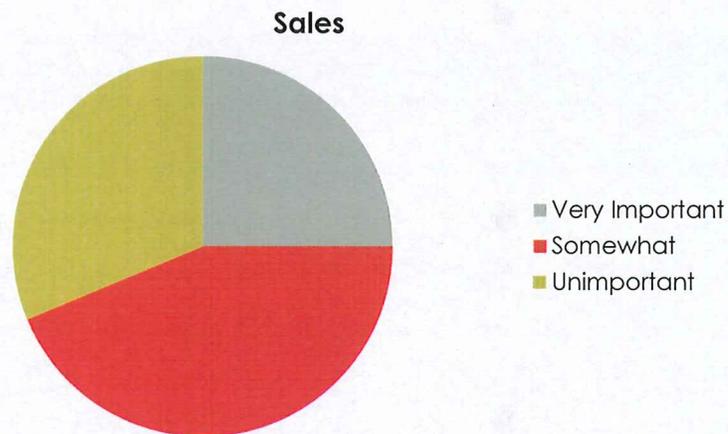
## ASSUMPTIONS

1. Not merging of institutions, rather a creation of a new organization
2. Creation of a shared services model
3. No one loses their job
4. Creation of a regional economic development tool

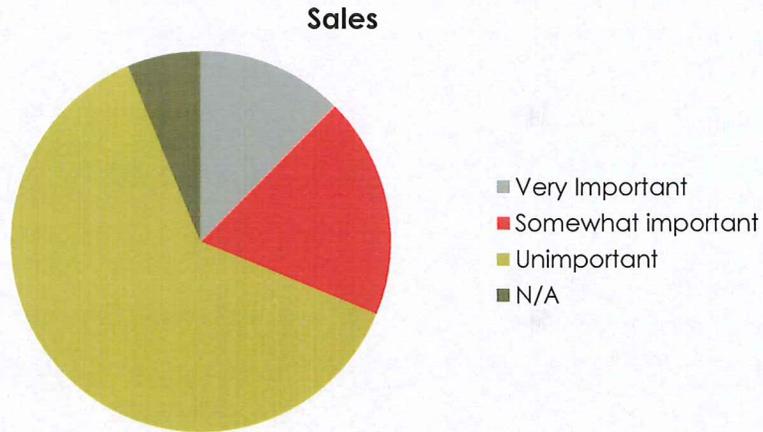
## INFORMATION AND DATA

- SWOT analysis
- Focus group
- Data from interested entities;  
    Madison, NC State and Pioneer
- Review of national models
- Review of emerging state initiatives
- Review by adult education experts

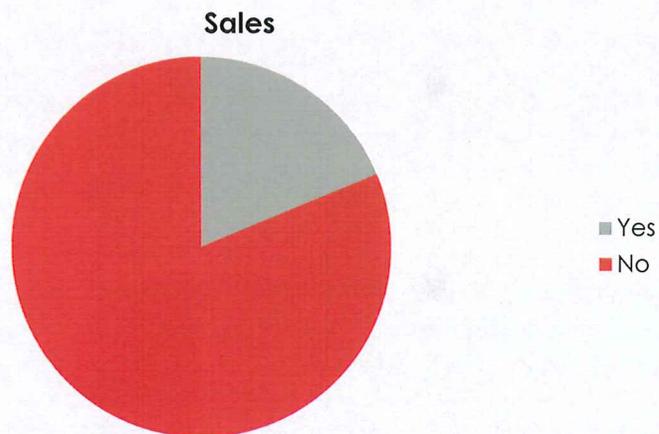
### AS AN EMPLOYEE IS COLLEGE CREDIT FOR TRAINING IMPORTANT?



AS AN EMPLOYER IS COLLEGE CREDIT FOR TRAINING IMPORTANT?

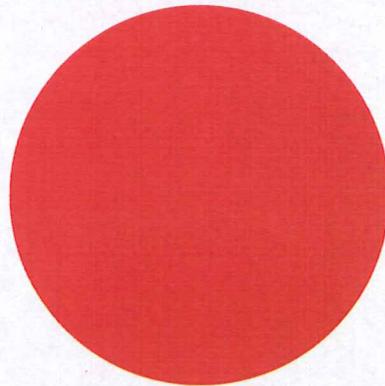


DOES THE ABILITY FOR A STUDENT TO RECEIVE CREDIT HAVE A BEARING ON THE CHOICE OF PROVIDERS?



DOES IT MATTER WHAT INSTITUTION  
PROVIDES TRAINING?

Sales



■ Yes  
■ No

## SWOT- strengths

- Commitment of personnel
- Tuition costs generally affordable
- Multiple locations for training
- Excellent facilities and equipment

## SWOT- weaknesses

1. Inconsistent offerings of adult training
2. Programming is not cost effective in current state
3. Underutilization of facilities and equipment
4. Underutilization of the educational resources
5. Employers and individuals are being underserved through the existing structures
6. Programming tends to reactive rather than proactive
7. Systems perceived as bureaucratic and slow moving- not knowing community needs
8. Lack of flexibility

## WORKFORCE DEVELOPMENT PARTNERSHIP

### A Model for the Delivery of Adult Training Services in the Region

- **IS** a creation of a multi institutional training consortium – new entity
- **IS NOT** a merging of two or more existing programs

## RECOMMENDATIONS

1. Create a workforce development partnership – a separate entity
2. NC State serves as the fiscal agent so as to receive SSI funding
3. Create a core staff consisting of:
  - Executive Director, Workforce Training and Development
  - Account Executive-responsible for sales
  - Client Services Coordinator – one per site
  - Evening Site Coordinator(s)- may also serve as a client services coordinator
  - Assessment and Industry Based Certification
  - Registration Clerk/Administrative Assistant

## RECOMMENDATIONS

4. Move all positions with the exception of Executive Director, Account Executive and Administrative Assistant/Registration Clerk to part time. This would be accomplished through attrition and as new staff are brought on.
5. Move all employees to a common pay scale. Again, phase in through attrition and new hires
6. All employees would become employees of the Workforce Development Partnership

## RECOMMENDATIONS

7. Create a portfolio of products and services consistent with the economic development needs of the region. Explore the Governor's economic sector strategy as a key area of focus.
8. Include the following types of programs:
  - Long term training- credit/non credit
  - Career enhancement-skill upgrading for current employees
  - Customized training-designed for a specific organization
  - Management and executive training
  - Assessment and certification

## RECOMMENDATIONS

9. Develop sequences of programming that will:
  - i. Create economic efficiencies
  - ii. Permit individuals to pursue additional education if and when desired
  - iii. Respond to local needs
10. Create a business/industry advisory board
  - Ensure that the Workforce Development Partnership is integral part of the region's economic development initiative
  - Focus on the most promising business/industry segments
  - Identify training and development needs
  - Assist in branding and awareness initiatives

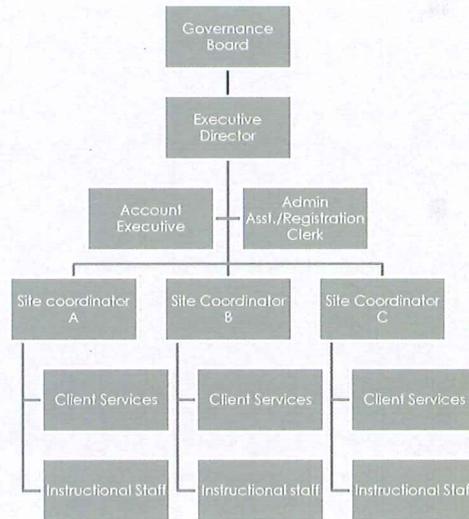
## RECOMMENDATIONS

11. Create a common marketing fund and marketing plan. Eliminate individual institutional catalogues and marketing materials for adult programming
12. Create an Executive Governance Board that is the governing body for the partnership. Members include:
  - I. CEO of each partner institution
  - II. Head of regional economic development association
  - III. Head of the regional manufacturer's association
  - IV. One at-large member
  - V. Executive Director, Workforce Training and Development – serve ex-officio and is secretary of the board

## RECOMMENDATIONS

13. Create a single registration system
14. Create a Strategic Workforce Assistance Team (**SWAT**).
15. Where possible students enrolled in non credit long term training would be taught in same classes as credit students. Doing so would require the tuition for the series of modules in the non credit to be equal to the tuition for the credit program. Discrepancies in cost can be allocated to materials/supplies fees attached to the class.

## ORGANIZATIONAL CHART



## PERSONNEL

### **Executive Director, Workforce Training and Development**

- Engages local and regional employers to impact economic development
- Actively participates in agency and employer collaborations.
- Analyzes and monitors local, regional and state labor markets and workforce trends
- Monitors, tracks and reports federal, state and local accountability

## PERSONNEL

### **Executive Director, Workforce Training and Development**

- Provides for and supervise highly qualified certified and classified staff.
- Promotes and market programs and services
- Coordinates all aspects of the partnership
- Creates and maintains a shared database of business and industry contacts
- Serves as the Secretary of the Governance Board

## PERSONNEL

### **Account Executive, Workforce Training and Development**

- Sales of program and services with quarterly and yearly goals
- Coordinate development of curriculum with subject matter experts
- Promote and market programs and services
- Collaborate with local and regional economic development entities to ensure programming is reflective of needs
- Maintain continued contact with business and industry opinion leaders

## PERSONNEL

**Site Coordinator** – one per site, if needed

- Oversees the physical facility and operation when classes are in session
- May also serve as the client services coordinator
- Assists instructional staff with facilities and equipment issues

## PERSONNEL

**Client Services Coordinator** – one per site

- Assists individuals in advising for proper course selection, registration and financial aide.
- May also serve as Site Coordinator
- Utilizes an enrollment matrix for college credit classes which includes:
  1. An admissions, transfer and transcript matrix
  2. Advising and registration
  3. Scheduling
  4. Financial Aide information

## FINANCES

- Yearly, each entity would contribute an equal and predetermined amount to a cost center within the NC State system. This contribution would be used to pay for partnership employees, marketing, specific partnership operations.
- Formula to be determined for allocation of funds for classes provided by each partner based upon:
  - I. Instructional costs
  - II. Administrative costs
  - III. Student support costs
  - IV. Program costs
- Percentage of each class retained by partnership for administration and operational costs
- Profit or loss shared by partner entities on a yearly basis

## MARKETING

- No individual institutional marketing for adult programming
- Develop new logo for partnership
- Common catalogue
- Common marketing materials
- Common website
- All marketing materials would read,  
**“The Workforce Development Partnership”**  
“The adult workforce training and development partnership of (school A), (school B) and (school C)”

## WEBSITE

- Common website for information and registration
- Welcome page determines if business and industry or individual adult requesting training
- **If business and industry-**
  - directed to business and industry training pages with details of portfolio of training and services. Also includes contact option for Account Executive or Executive Director of Workforce Training and Development
  - Phone
  - email

## WEBSITE

- **If individual-**
  - Provide inventory of programs
  - Ask to select from short term skill upgrading, certificate or college credit programs
    - If credit direct to NC State webpage
  - If non credit and long term ask if financial aide is needed
  - Proceed with registration process

## SWAT TEAM

The SWAT will consist of existing personnel and is designed to immediately respond to any immediate opportunity or crisis that might arise relating to workforce training and development.

Examples of opportunities or crises:

- Business expansion
- Business closure
- New business moving into the area.

Regardless of the situation the SWAT would quickly develop a customized assistance plan.

## DISCUSSION

- What questions do you have about the model?
- What do you like about the model?
- What don't you like about the model/
- What problems do you foresee?
- What unanswered issues remain?

Project Budget Cure – The Workforce Development Partnership  
Applicant: Pioneer Career and Technology Center  
Collaborative Partner: North Central State College  
Project Budget

LGIF Request: \$100,000

In-kind Match:

Pioneer CTC: \$11,500

Pioneer CTC: \$28,320

NC State: \$28,320

Total Match: \$68,140

Total Sources: \$168,140

Uses of Funds:

Consultant fees: \$25,000

Legal fees: \$15,000

Marketing: \$30,000

Planning costs: \$30,000

Total Uses: \$100,000

Local Match Percentage: 40.53% (3 points)

Project Budget Narrative

Match

Pioneer CTC spent \$11,500 in 2012 on the cost of a study by TNA and Associates that recommended the creation of the Workforce Development Partnership. Pioneer CTC will pay \$28,320 of the salary and benefits of the Workforce Partnership director in FY 13. NC State will match the \$28,320 for the director in FY 13.

The Partnership also bears other costs involved in the creation of the single entity, including creation of a central office with staff re-alignment/hiring; development of infrastructure including information technology services associated with the various providers, telephone service and website design needed to facilitate economic development by showcasing our one stop design; and setting up the policies and governance structure of the organization.

Grant Expenditures

Grant funds will be used on Partnership soft costs, including \$25,000 in professional fees to consultants who will help design and align curriculum for new program offerings; \$15,000 in legal fees related to Partnership creation; \$30,000 to plan marketing for the new partnership and \$30,000 to be spent on planning and process implementation.

Professional fees would be paid to qualified consultants to assist in design and realignment of curriculum for new program offerings as determined by needs assessment.

A marketing campaign will be designed to create a new image for the Workforce Development Partnership and plan and execute a campaign to reach the target audiences of business and industry leaders, as well as area residents in need of workforce training.

The Partnership director will meet with area business leaders as part of planning and process implementation to assess training needs. Planning costs include local travel and on-site meetings (projected at \$10,000), as well as technical help for producing a needs assessment document and strategic planning and implementation document (estimated at \$10,000). As part of process implementation, the Partnership director will develop a mutually shared data system between the partners so that data will be easily accessible and integrated into Partnership decisions, actions and assessments. Data integration into one common software package is projected at \$10,000.

After the first year, with the help of Local Government Innovation Fund resources the Workforce Development Partnership will have conducted a needs assessment, produced and begun to execute a strategic plan, developed a shared data system, and begun reaching out to target audiences through the marketing campaign.