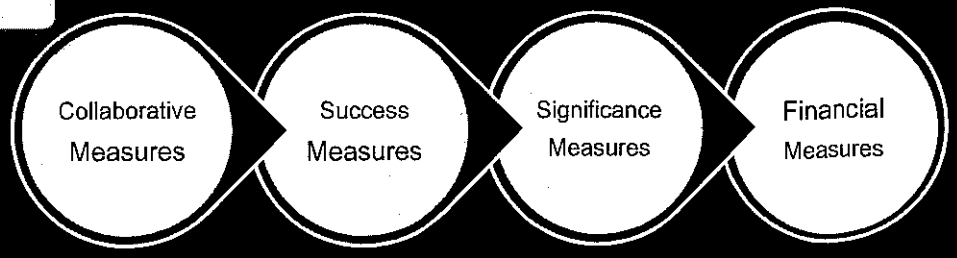
Ohio
Local Government
Innovation Fund



Round 7: Application Form

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

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

LGIF: Applicant Profile

Lead Agency	Columbiana County General Health District
Project Name	City/County Health District Collaborative CDC Assessment
Type of Request	Grant
Request Amount	$72,980
JobsOhio Region	Northeast
Political Subdivision Type Choose one that best descripes your organization	Local Health District
Project Type	Health and Human Services
Project Approach	Shared Services

Ohio | Development Services Agency

Website: http://development.ohio.gov/cs/cs_localgovfund.htm

E-mail: LGIF@development.ohio.gov

Phone: 614 | 995 2292

Lead Applicant	Columbiana County General Health District	Round 7	
Project Name	City/County Health District Collaborative CDC Assessment	Type of Request	Grant

Instructions

- Make sure to answer each question appropriately in the space provided, not exceeding the space allowed by the answer box.
- Examples of completed applications are available on the LGIF website, found here: http://development.ohio.gov/cs/cs_localgovfund.htm

Section 1 Contacts

Lead Agency

Mailing Address:	Name: Columbiana County General Health District	
	Street Address: P.O. Box 309	
	City: Lisbon	
	Zip: 44432	
In what county is the lead agency located? Columbiana		
Ohio House District: 5, Representative Barborak	Ohio Senate District: 33, Senator Schiavoni	

Project Contact

Please provide information about the individual who should be contacted regarding this application.

Mailing Address:	Name: Wes Vins	Title: Health Commissioner
	Street Address: P. O. Box 309	
	City: Lisbon	
	Zip: 44432	
Email Address: Wvins@Columbiana-Health.org		Phone Number: 330-424-0272

Fiscal Agency:

Please provide information for the entity and individual serving as the fiscal agent for the project.

Mailing Address:	Fiscal Agency: Columbiana County General Health District	
	Fiscal Officer: Cis Donahey	Title: Fiscal Officer
	Street Address: P.O. Box 309	
	City: Lisbon	
	Zip: 44432	
Email Address: CDonahey@Columbiana-Health.org		Phone Number: (330) 424-0272

Population

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	
	City of Salem and the City of East Liverpool	
Does the applicant (or collaborative partner) represent a county with a population of fewer than 235,000 residents	✓ Yes	☐ No
	List Entity	
	Columbiana County	

Single Applicant

Is your organization applying as a single entity?	☐ Yes	✓ No

Lead Applicant	Columbiana County General Health District	Round 7	
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Collaborative Partners		
Does the proposal include collaborative partners?	✓ Yes	No

Applicants applying with collaborative partners are required to show proof of the partnership with a signed partnership agreement and a resolution of support from each of the partner's governing entities. If the collaborative partner does not have a governing entity, a letter of support from the partnering organization is sufficient. These documents must be received by the end of the cure period in order for each entity to count as a collaborative partner for the purposes of this application.

Nature of the Partnership

As agreed upon in the signed partnership agreement, please identify the nature of the partnership with an explanation of how the lead agency and collaborative partners will work together on the proposed project.

Columbiana County General Health (CCGHD) will function as the lead administrative and fiscal agent. The two city health districts within Columbiana County will provide administrative support, execute program tasks, convene and document program materials for the duration of this project. CCGHD will compile all city prepared materials and complete all reporting requirement including a final working document to the grantor and the public.

Lead Applicant	Columbiana County General Health District	Round 7	
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List of Partners

Please use the following space to list each collaborative partner who is participating in the project and is providing BOTH a resolution of support for the Local Government Innovation Fund application and has signed the partnership agreement.

Collaborative Partner # 1

Mailing Address:

Name: East Liverpool City Health District
Street Address: 126 West Sixth Street
City: East Liverpool
Zip: 43920

Collaborative Partner # 2

Mailing Address:

Name: Salem City Health District
Street Address: 230 North Lincoln Ave. Suite 104
City: Salem
Zip: 44460

Collaborative Partner # 3

Mailing Address:

Name:
Street Address:
City:
Zip:

Collaborative Partner # 4

Mailing Address:

Name:
Street Address:
City:
Zip:

Collaborative Partner # 5

Mailing Address:

Name:
Street Address:
City:
Zip:

Collaborative Partner # 6

Mailing Address:

Name:
Street Address:
City:
Zip:

Section 2 Collaborative Partners

Lead Applicant	Columbiana County General Health District	Round 7	
Project Name	City/County Health District Collaborative CDC Assessment	Type of Request	Grant

Section 2 Collaborative Partners

Collaborative Partner # 7	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 8	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 9	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 10	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 11	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 12	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 13	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Lead Applicant	Columbiana County General Health District	Round 7	
Project Name	City/County Health District Collaborative CDC Assessment	Type of Request	Grant

Project Information

Provide a general description of the project, including a description of the final work product derived from the grant study or loan implementation project. This information may be used for council briefings, program and marketing materials.

The final work product will be a completed CDC National Public Health Performance Standards Local Assessment Instrument (CDC Assessment) and a road map of methodologies/processes used by our project team. The CDC Assessment is required every five years by the Ohio Revised Code (ORC 3701.342) for a local health district to be eligible for receipt of limited state subsidy funds. This project that combines the efforts of three local health districts to achieve the same individual goal will be the first of its kind. Upon completion of the final report and road map, the applicants will petition the Ohio Public Health Association to present a feature session at the fall 2014 combined public health conference (Columbus, Ohio). During the session the road map of methodologies and process will be presented by the applicant to other local health districts to provide the tools and evidence of collective efficiencies for local health districts to work together for the benefit of their communities.

Lead Applicant	Columbiana County General Health District	Round 7	
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Project Information				
Has this project been submitted for consideration in previous LGIF rounds?		Yes	✓	No
If yes, in which round(s)?				
What was the project name?				
What entity was the lead applicant?				

Past Success

Provide a summary of past efforts to implement a project to improve efficiency, implement shared services, coproduction or a merger (5 points).

The three applicants have shared a successful partnership for a number of years collectively completing numerous projects for the efficient benefit of our community. These partnership projects have included; H1N1 pandemic, radiological response exercises and ongoing emergency preparedness activities. Additionally, the applicant continue to share services via a Memorandum of Understanding (MOU), Mutual Aid Agreements and contractual services such as; plumbing, wells, septic, birth/death records, etc.

Applicant demonstrates Past Success	✓	Yes		No

Scalable

Provide a summary of how the applicant's proposal can be scaled for the inclusion of other entities (5 points).

The program could be expanded to include any number of the five adjoining health districts in our region that are also required to complete the five year CDC Assessment. This project could also be reproduced in a similar manner by any group of health districts in Ohio or the country where their is a desire to work together to assess a community's public health needs, resources, and capabilities.

Applicant demonstrates a Scalable project	✓	Yes		No

Replicable

Provide a summary of how the applicant's proposal can be replicated by other entities. A replicable project should include a component that another entity could use as a tool to implement a similar project (5 points).

This project is an innovative approach to completing a broad community assessment that all LHDs statewide, are required to complete. This project could be replicated by any group of health districts' from around the state that share a common community public health service area. This approach will increase efficiency and cross-jurisdictional sharing of services to benefit our service population.

Applicant demonstrates a Replicable project	✓	Yes		No

Probability of Success

Provide a summary of the likelihood of the grant study recommendations being implemented. Applicants requesting an implementation loan should provide a summary of the probability of savings from the loan request (5 points).

The completion of this project is extremely likely to be successful due to the requirement of the Ohio Revised Code and a successful history of the applicants' partnerships. Specifically, the CDC assessment must be completed by the applicants collectively under this grant project or individually. Efficiency will certainly be gained with a collaborative effort that shares a common sense approach to local government efficiencies and benefit to the community.

Applicant demonstrates Probability of Success	✓	Yes		No

Lead Applicant	Columbiana County General Health District	Round 7	
Project Name	City/County Health District Collaborative CDC Assessment	Type of Request	

Performance Audit/Cost Benchmarking

If the project is the result of recommendations from a prior performance audit provided by the Auditor of State under Chapter 117 of the Ohio Revised Code, or is informed by a previous cost benchmarking study, please attach a copy with the supporting documents. In the section below, provide a summary of the performance audit findings or cost benchmarking study results (5 points).

City of Salem performance audit (2011-2012)

Prior Performance Audit or Cost Benchmarking	✓ Yes	No

Economic Impact

Provide a summary of how the proposal will promote a business environment through a private sector partner (5 points) and/or provide for community attraction (3 points).

Due to the limited experience of the applicants' in completing the CDC five-year assessment, a private sector business will be utilized to facilitate the process and organize the final work product for CCGHD to complete. The out sourcing of a facilitating contractor will generate local jobs and provide the applicants with and educational opportunity that will save the local communities future expenses. The collective approach will also prevent the process from being completed three times for the same reporting year thereby preserving the ever reducing local funds for core public health services such as nuisance and disease investigations. The combined effort to pursue a healthier community will attract potential businesses that have prioritized a healthier workforce, therefore increasing business efficiency and managing employee benefit costs and provide for a long term stable community.

Applicant demonstrates Economic Impact	✓ Yes	No

Lead Applicant	Columbiana County General Health District		
	City/County Health District Collaborative CDC Assessment	Type of Request:	Grant

Response to Economic Demand

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 and future expected service level needs (5 points).

In recent years, health districts have been faced with significant reductions of state subsidy and available local government funding, as well as experiencing an increase in unfunded mandates similar to the FY2013 state budget bill (HB59). Therefore, partnerships in public health are becoming increasingly necessary to meet the demands of the legislature and the financial needs of our communities.

Applicant demonstrates Response to Economic Demand	✓	Yes		No

Section 3 Project Information

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 details may be provided in the budget narrative.

Project Budget

- The Project Budget should detail expenses related to the grant or loan project.
- 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 additonal 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 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.
- Total Sources must equal Total Uses. Include staff time and other in-kind matches in the Total Uses section of the budget.

Program Budget

- Use the Program Budget to outline the costs associated with the implementation of the program in your community.
- Six 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 changes in expenses and revenues, 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 (ROI)calculation is required, and should reference cost savings, cost avoidance and/or increased revenues indicated in Program Budget sections of the application. The ROI should be calculated over a three-year period. 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 of prior financial documents related to the financial health of the lead applicant (balance sheet, income statement and a statement of cash flows).

Lead Applicant	Columbiana County General Health District	Round 7	
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Project Budget

Use this space to outline all sources of funds and the uses of those funds. Both sections should include all funds related to the project, including in-kind match contributions. Use the project budget narrative on the next page to justify the project budget. Indicate the line items for which the grant will be used.

Sources of Funds

LGIF Request:	$72,980
Cash Match (List Sources Below):	
Source:	
Source:	
Source:	
Source:	
In-Kind Match (List Sources Below):	
Source: general fund	$8,340
Source:	
Source:	
Total Match:	$8,340
Total Sources:	$81,320

Uses of Funds

	Amount	Revenue Source
Consultant Fees:	$15,500	LGIF
Legal Fees:		
Other: senior staff eval/rvi	$6,107	CCGHD general fund
Other: rent, insurance equ	$2,233	CCGHD genral fund
Other: salaries/benefits	$36,891	LGIF
Other: training professona	$3,600	LGIF
Other: supplies print etc	$750	LGIF
Other: marketing/promo	$1,600	LGIF
Other: PH conference	$2,000	LGIF
Other: admin/travel	$12,639	LGIF
Total Uses:	$81,320	* 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:	10.26%	

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)

Section 4 Financial Information

Lead Applicant	Columbiana County General Health District	Round 7	
Project Name	City/County Health District Collaborative CDC Assessment	Type of Request	Grant

Project Budget Narrative: Use this space to justify any expenses that are not self-explanatory.

These calculations and projected costs are based on current FY13 rates and know costs. It is anticipated that the City of Salem, City of East Liverpool and CCGHD Health Commissioner costs are based on a rate of $21.60 (208hrs), $27.97 (208hrs) and $59.81(416hrs) to conduct actual data collection and actively research and complete the assessment under the contract facilitator's leadership. Additional CCGHD staff in the areas of fiscal officer, and support clerical services will subtotal to $1699 and include 80 staff hours. Training and rooms/meals will be anticipated for CDC Assessment trainings as recommended by the contract facilitator or CDC consultant. Travel is necessary for trainings, meetings and conference preparation and will equally distributed among the three applicants as will the conference registration and training costs. Marketing and outreach will be the mode and expenses of communicating the road map and process to other health districts. this may include the need to prepare documents or guidance for distribution. Administration cost of 15% standard for all other agency overhead and indirect costs necessary for operations (including legal, audits, cleaning, copiers, facility maintenance etc.)

The in kind matches include a 5% allocation of the agencies rent, utilities liability insurance, it equipment expense. Additionally, the agency will contribute senior staff time of the medical director, board president, on-call physician and other agency leadership for evaluation of the project prior to a final product or outreach of activity.

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Program Budget

Actual ☐ Projected ☑

Expenses	FY 2013 Total Program Expenses	FY 2014 Total Program Expenses	FY ____ Total Program Expenses
Salary and Benefits	26,890.52	10,000	
Contract Services	15,500		
Occupancy (rent, utilities, maintenance)	900		
Training & Professional Development	3,600		
Insurance	400		
Travel	1,120	2,000	
Capital & Equipment Expenses	933.33		
Supplies, Printing, Copying & Postage	250	500	
Evaluation		6,106.67	
Marketing	600	1,000	
Conferences, meetings, etc.		2,000	
Administration	4,519.08	5,000	
*Other -			
*Other -			
*Other -			
TOTAL EXPENSES	54,712.93	26,606.67	

Revenues	FY 2013 Revenues	FY 2014 Revenues	FY ____ Revenues
Contributions, Gifts, Grants & Earned Revenue			
Local Government: CCGHD general fund	8,340		
Local Government:			
Local Government:			
State Government			
Federal Government			
*Other - LGIF	72,979.60		
Other -			
Other -			
Membership Income			
Program Service Fees			
Investment Income			
TOTAL REVENUES	81,320		

Lead Applicant	Columbiana County General Health District	Round 7	
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Program Budget

Actual ___ Projected ___

Expenses	FY _____ Total Program Expenses	FY _____ Total Program Expenses	FY _____ Total Program Expenses
Salary and Benefits			
Contract Services			
Occupancy (rent, utilities, maintenance)			
Training & Professional Development			
Insurance			
Travel			
Capital & Equipment Expenses			
Supplies, Printing, Copying & Postage			
Evaluation			
Marketing			
Conferences, meetings, etc.			
Administration			
*Other - _____			
*Other - _____			
*Other - _____			
TOTAL EXPENSES			

Revenues	Revenues	Revenues
Contributions, Gifts, Grants & Earned Revenue		
Local Government: _____		
Local Government: _____		
Local Government: _____		
State Government		
Federal Government		
**Other -* _____		
**Other -* _____		
**Other -* _____		
Membership Income		
Program Service Fees		
Investment Income		
TOTAL REVENUES		

Lead Applicant	Columbiana County General Health District	Round 7	
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Program Budget

Use this space to justify your program budget and/or explain any assumptions used for the budget projections. These projections should be based on research. case studies or industry standards and include a thoughtful justification.

These calculations and projected costs are based on current FY13 rates and know costs. It is anticipated that the City of Salem, City of East Liverpool and CCGHD Health Commissioner costs are based on a rate of $21.60(208hrs), $27.97 (208hrs) and $59.81(416hrs) to conduct actual data collection and actively research and complete the assessment under the contract facilitator's leadership. Additional CCGHD staff in the areas of fiscal officer, and support clerical services will subtotal to $1699 and include 80 staff hours. Training and rooms/meals will be anticipated for CDC Assessment trainings as recommended by the contract facilitator or CDC consultant. Travel is necessary for trainings, meetings and conference preparation and will equally distributed among the three applicants as will the conference registration and training costs. Marketing and outreach will be the mode and expenses of communicating the road map and process to other health districts. this may include the need to prepare documents or guidance for distribution. Administration cost of 15% standard for all other agency overhead and indirect costs necessary for operations (including legal, audits, cleaning, copiers, facility maintenance etc.)

The in kind matches include a 5% allocation of the agencies rent, utilities liability insurance, it equipment expense. Additionally, the agency will contribute senior staff time of the medical director, board president, on-call physician and other agency leadership for evaluation of the project prior to a final product or outreach of activity.

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 for at least three fiscal years.
- [x] (1 point) Applicant provided complete and accurate budget information for less than three fiscal years.

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Return on Investment

Return on Investment (ROI)is a performance measure used to evaluate the efficiency of an investment. To derive the expected ROI, divide the net gains of the project by the net costs (for a three-year period). 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.

Return on Investment Formulas:

Consider the following questions when determining the appropriate ROI formula for your project. Check the box of the formula that you are using to determine your ROI. These numbers should refer to savings/revenues illustrated in projected program budgets, and should reflect a three-year period.

Do you expect cost savings from efficiency from your project?

○ Use this formula: $\frac{\text{Total \$ Saved}}{\text{Total Program Costs}}$ * 100 = ROI

Do you expect cost avoidance from the implementation of your project/program?

◉ Use this formula: $\frac{\text{Total Cost Avoided}}{\text{Total Program Costs}}$ * 100 = ROI

Do you expect increased revenues as a result of your project/program?

○ Use this formula: $\frac{\text{Total New Revenue}}{\text{Total Program Costs}}$ * 100 = ROI

Do you expect some combination of savings, cost avoidance or increased revenue as a result of your project/program? (Total Gains combines $ Saved, Costs Avoided and New Revenue)

○ Use this formula: $\frac{\text{Total Gains}}{\text{Total Program Costs}}$ * 100 = ROI

Expected Return on Investment = $\frac{\$277,000}{\$72,980}$ * 100 = 379.56%

Expected Return on Investment is:

☐ Less than 25% (5 points) ☐ 25%-75% (10 points) ☑ Greater than 75% (15 points)

Questions about how to calculate ROI? Please contact the Office of Redevelopment at 614-995-2292 or lgif@development.ohio.gov

Section 4 Financial Information

Return on Investment Justification Narrative: In the space below, describe the nature of the expected ROI calculation providing justification for the numbers presented in the ROI calculation. This calculation should be based on the savings, cost avoidance or increased revenues shown in the program budgets on the preceeding pages. Use references when appropriate to justify assumptions used for cost projections.

The return on investment for the state of Ohio's health districts will be significant when the process of the required CDC Assessment for all 125 local health districts is considered. The applicants will share their newly established methodology and process in completing the assessment and if one assessment was completed in each county in place of each health district, then a statewide savings can be calculated. Reducing the total number of CDC assessments from the current 125 to 88 would save an estimated 50% of the costs to 37 (effective) health districts. If we estimate that the average cost for each local health district to complete the assessment is $15,000 then a total cost savings per each of the 37(effective) health districts at 50% would be $7,500.

Total savings to state wide local public health: $7,500 x 37(effective) = $277,500

The total cost savings will be shared by all those who participate and evenly distributed though a collective and efficient process.

Local health district costs of health commissioner 300 hours @$45/hr = $13,500 in addition to support staff and indirect costs of $1,500 will yield an estimated average costs of $15,000 per health district over the subsequent three years.

ROI = $277,000/$72,979.60 X 1000
ROI = 379.56%

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Magnitude of Project

If the project has an expected ROI of 74.99 percent or less, complete the following calculation. Projects with a Magnitude Factor of 50 or above score (5 points.)

$$\frac{\text{ROI\%} \times \text{Savings Amt}}{1000} = \text{Magnitude Factor}$$

379.56 X $204020.40 / 1000

Project has a Magnitude Factor of 50 or above	✓ Yes	No

Cost Savings

This project will decrease specific line items in the exisiting budget. The specific line items should be evidenced by an expected decrease in specific line items for the next three years. In the space below please list the specific line item in the Program Budget section and the total dollar amount saved in the next three years (5 points).

The return on investment for the state of Ohio's health districts will be significant when the process of the required CDC Assessment for all 125 local health districts is considered. The applicants will share their newly established methodology and process in completing the assessment and if one assessment was completed in each county in place of each health district, then a statewide savings can be calculated. Reducing the total number of CDC assessments from the current 125 to 88 would save an estimated 50% of the costs to 37 (effective) health districts. If we estimate that the average cost for each local health district to complete the assessment is $15,000 then a total cost savings per each of the 37(effective) health districts at 50% would be $7,500.

Total savings to state wide local public health: $7,500 x 37(effective) = $277,500

The total cost savings will be shared by all those who participate and evenly distributed though a collective and efficient process.

Applicant demonstrates Cost Savings	✓ Yes	No

Core Services

Does the project affect core services in your community? Explain how this project meets the basic needs of your community by providing services for which the lead applicant is primarily responsible (5 points).

The final work product will be a completed CDC National Public Health Performance Standards Local Assessment Instrument (CDC Assessment) and a road map of methodologies/processes used by our project team. The CDC Assessment is required every five years by the Ohio Revised Code (ORC 3701.342) for a local health district to be eligible for receipt of limited state subsidy funds. The savings of funds will allow us to focus our limited resources on the most critical needs of the community. These needs will be easily identified by the completion of the CDC Assessment and the community's corresponding Community Health Assessment. Currently, all three applicants expend resources on a perceived "as needed" basis in the absence of any completed assessments. Thus, by funding this project, several things will occur in our community as well as across the state: Combine efforts to conserve efforts and meet state expectations provide a mechanism to complete a community wide assessment and focus core services and lead the community into a newly forming era of health care resource delivery.

Project affects Core Services of the Lead Applicant	✓ Yes	No

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Please outline your 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 their 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.

Not applicable to this grant application

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)

Lead Applicant	Columbiana County General Health District	Round 7	
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Scoring Overview

Collaborative Measures	Description	Max Points	Self Score
Section 1: Collaborative Measures			
Population	Applicant's population (or the population of the area(s) served) falls within one of the listed categories as determined by the U.S. Census Bureau. Population scoring will be determined by the **smallest** population listed in the application. Applications from (or collaborating with) small communities are preferred.	5	5
Participating Entities	Applicant has executed partnership agreements outlining all collaborative partners and participation agreements and has resolutions of support.	5	5
Section 2: Success Measures			
Past Success	Applicant has successfully implemented, or is following project guidance from a shared services model, for an efficiency, shared service, coproduction or merger project in the past.	5	5
Scalable	Applicant's proposal can be scaled for the inclusion of other entities.	5	5
Replicable	Applicant's proposal can be replicated by other local governments.	5	5
Probability of Success	Applicant provides a documented need for the project and clearly outlines the likelihood of the need being met.	5	5
Section 3: Significance Measures			
Performance Audit Implementation/Cost Benchmarking	The project implements a single recommendation from a performance audit provided by the Auditor of State under Chapter 117 of the Ohio Revised Code or is informed by cost benchmarking.	5	5
Economic Impact	Applicant demonstrates the project will promote a business environment and will provide for community attraction.	5	5
Response to Economic Demand	The project responds to current substantial changes in economic demand for local or regional government services.	5	5
Section 4: Financial Measures			
Financial Information	Applicant includes financial information (i.e., service related operating budgets) for the most recent three years and the three-year period following the project.	5	1
Local Match	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	5	1
Expected Return	Applicant demonstrates as a percentage of savings (i.e., actual savings, increased revenue or cost avoidance) an expected return. The return must be derived from the applicant's cost basis.	15	15
Magnitude Factor	Applicant demonstrates a magnitude factor of 50 or above, based on the ROI percentage and the dollar amount of project gains estimated in the ROI calculation.	5	5
Cost Savings	Applicant demonstrates specific line items in the current budget that will decrease as a result of this project.	5	5
Core Services	Applicant demonstrates that the project affects core services provided in their community.	5	5
Repayment Structure (Loan Only)	Applicant demonstrates a viable repayment source to support loan award.	5	0
		Total Points	77

Bent, Nicole

From: Wesley Vins <WVins@columbiana-health.org>
Sent: Monday, September 09, 2013 4:21 PM
To: DSA lgif
Subject: LGIF application
Attachments: Round 7 Application-Saveable.pdf

Categories: Application Materials

Please find our application attached for submission and Board supporting resolutions will follow during the curing period. Please feel free to contact us with any questions.

Thank you for your consideration,

Wesley J. Vins, MS
Health Commissioner
Columbiana County General Health District
7360 State Route 45
Lisbon, Ohio 44432
330.424.0272 ext. 126
fax 330.424.1733
wvins@columbiana-health.org

MEMORANDUM OF UNDERSTANDING
And
Partnership agreement

This agreement is made by and between the Columbiana County General Health District (COUNTY), East Liverpool City Health District and the Salem City Health District (Cities).

SECTION 1: For the purposes outlined below, the COUNTY and the CITIES hereby agree to work collaboratively in mutual harmony to complete and submit the work herein outlined. This work will be submitted to the Ohio Department of Health (ODH)

SECTION 2: The primary purpose of this agreement will be to mutually complete, to the satisfaction of all concerned, an initiative referred to as the *Centers for Disease Control (CDC) National Public Health Performance Standards Local Assessment Instrument, Version 3.0.* This instrument is a joint project of the CDC and the National Association of City and County Health Officials (NACCHO). It is the current version recommended for use at this time.

SECTION 3: A secondary purpose of this agreement will be to mutually prepare and submit an application for grant funding to the Local Government Innovation Fund. The purpose of said grant funding, if received, will be to offset the cost of completing the work product as outlined above.

By affixing signatures below, the parties agree to the spirit and intent of this Memorandum Of Understanding and Partnership Agreement.

Date 9/19/13

Wesley J. Vins, MS, Health Commissioner
Columbiana County General Health District, by its duly authorized agent

Jolayne Dray RN, MSN

Date 09/19/13

Jolayne Dray RN, MSN
East Liverpool City Health District, by its duly authorized agent

Richard D. Setty R.S.

Date 9/25/13

Richard D. Setty, R.S., Health Commissioner
Salem City Health District, by its duly authorized agent

RESOLUTION 2013-09-25-01

A RESOLUTION OF THE BOARD OF HEALTH OF THE SALEM CITY HEALTH DISTRICT TO PROVIDE FOR THE JOINT COMPLETION OF THE *CENTERS FOR DISEASE CONTROL (CDC) NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS LOCAL ASSESSMENT INSTRUMENT, VERSION 3.0.*

WHEREAS: THE BOARD OF HEALTH OF THE SALEM CITY HEALTH DISTRICT IS DESIROUS OF PERFORMING ITS DUTIES IN REGARD TO THE ADMINISTRATION OF VARIOUS PUBLIC HEALTH PROGRAMS AND SERVICES IN THE CITY OF SALEM, AND:

WHEREAS: THE BOARD OF HEALTH OF THE SALEM CITY HEALTH DISTRICT HAS DETERMINED THAT IT IS NECESSARY TO COMPLETE THE CDC/NACCHO LOCAL ASSESSMENT INSTRUMENT IN ORDER TO CONTINUE TO QUALIFY FOR RECEIPT OF STATE SUBSIDY, AND:

WHEREAS: THE COLUMBIANA COUNTY GENERAL HEALTH DISTRICT (COUNTY) AND THE EAST LIVERPOOL CITY HEALTH DISTRICT (CITY) ARE ALSO DESIROUS OF COMPLETING THIS ASSESSMENT FOR THE BETTERMENT OF ALL, GIVEN THE RECOMMENDATION OF CDC AND NACCHO, AND:

WHEREAS: THE COUNTY AND THE CITIES AGREE AND INTEND TO SUBMIT A JOINT GRANT APPLICATION TO THE LOCAL GOVERNMENT INNOVATION FUND TO POTENTIALLY OFFSET THE COLLECTIVE COST OF COMPLETING THIS ASSESSMENT:

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF HEALTH OF THE SALEM CITY HEALTH DISTRICT, COUNTY OF COLUMBIANA, STATE OF OHIO THAT THIS MUTUALLY AGREEABLE PARTNERSHIP BE ESTABLISHED FOR THE PURPOSES OUTLINED ABOVE.

ADOPTED BY THE BOARD OF HEALTH OF THE SALEM CITY HEALTH DISTRICT THIS 25th DAY OF SEPTEMBER, 2013.

John C Berlin
JOHN C. BERLIN
PRESIDENT, BOARD OF HEALTH

Richard D. Setty, R.S.
RICHARD D. SETTY, R.S.
HEALTH COMMISSIONER

EFFECTIVE DATE OF THIS RESOLUTION: SEPTEMBER 25, 2013

EAST LIVERPOOL CITY BOARD OF HEALTH

RESOLUTION 2013-05

TITLE: A RESOLUTION OF THE EAST LIVERPOOL CITY BOARD OF HEALTH TO PROVIDE FOR THE JOINT COMPLETION OF THE CENTERS FOR DISEASE CONTROL (CDC) NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS LOCAL ASSESSMENT INSTRUMENT, VERSION 3.0.

WHEREAS: THE BOARD OF HEALTH OF THE EAST LIVERPOOL CITY HEALTH DISTRICT IS DESIROUS OF PERFORMING ITS DUTIES IN REGARD TO THE ADMINISTRATION OF VARIOUS PUBLIC HEALTH PROGRAMS AND SERVICES IN THE CITY OF EAST LIVERPOOL AND:

WHEREAS: THE BOARD OF HEALTH OF THE EAST LIVERPOOL CITY HEALTH DISTRICT HAS DETERMINED THAT IT IS NECESSARY TO COMPLETE THE CDC/NACCHO LOCAL ASSESSMENT INSTRUMENT IN ORDER TO CONTINUE TO QUALIFY FOR RECEIPT OF STATE SUBSIDY, AND:

WHEREAS: THE COLUMBIANA COUNTY GENERAL HEALTH DISTRICT (COUNTY) AND THE SALEM CITY HEALTH DISTRICT (CITY) ARE DESIROUS OF COMPLETING THIS ASSESSMENT FOR THE BETTERMENT OF ALL, GIVEN THE RECOMMENDATION OF CDC AND NACCHO, AND:

WHEREAS: THE COUNTY AND THE CITIES AGREE AND INTEND TO SUBMIT A JOINT GRANT APPLICATION TO THE LOCAL GOVERNMENT INNOVATION FUND TO POTENTIALLY OFFSET THE COLLECTIVE COST OF COMPLETING THIS ASSESSMENT.

NOW, THEREFORE, BE IT RESOLVED THAT THE BOARD OF HEALTH OF THE EAST LIVERPOOL CITY HEALTH DISTRICT REVIEWED THIS AGREEMET, AND BY AFFIRMATIVE MOTION AT A PUBLIC MEETING, APPROVED THIS AGREEMENT TO AUTHORIZE THE EAST LIVERPOOL CITY HEALTH DISTRICT HEALTH COMMISSIONER TO SIGN THIS AGREEMENT THAT COLUMBIANA COUNTY GENERAL HEALTH DISTRICT AND SALEM CITY HEALTH DISTRICT THAT THIS MUTUALLY AGREEABLE PARTNERSHIP BE ESTABLISHED FOR TH E PURPOSES OUTLINED ABOVE.

RESOLUTUION APPROVED, ADOPTED AND PASSED BY THE EAST LIVERPOOL CITY BOAR OD HEALTH, BY ROLL CALL OF THE BOARD MEMBERS.

PASSED: 09/19/13 (Date)

4 FOR 0 AGAINST

Roll Call:

Sarah Bricker	yes
Dr. Jeffrey Caldwell	ABSENT
Carl Covert	yes
Robert Duffy	yes
Amber Ramsey	yes

DATE SIGNED: 09/19/13

ATTEST: I HEREBY CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT RECORD OF THE RESOLUTUION OF THE EAST LIVERPOOL CITY BOARD OF HEALTH:

James P. Siwoyt

President, East Liverpool City Board of Health

Jelaine Dray

Health Commissioner, Secretary East Liverpool City Board of Health

LGI F - Syr. CDC Assess.

RESOLUTION 2013-09-09-01

A RESOLUTION OF THE COLUMBIANA COUNTY BOARD OF HEALTH TO PROVIDE FOR THE JOINT COMPLETION OF THE *CENTERS FOR DISEASE CONTROL (CDC) NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS LOCAL ASSESSMENT INSTRUMENT, VERSION 3.0.*

WHEREAS: The Columbiana County Board of Health is desirous of performing its duties in regard to the administration of various public health programs and services in the Columbiana County General Health District and:

WHEREAS: The Columbiana County Board of Health has determined that it is necessary to complete the CDC/NACCHO Local Assessment Instrument in order to continue to qualify for receipt of state subsidy, and:

WHEREAS: The Salem City Health District and the East Liverpool City Health District are also desirous of completing this assessment for the betterment of all, given the recommendation of CDC and NACCHO, and:

WHEREAS: the county and the cities agree and intend to submit a joint grant application to the Local Government Innovation Fund to potentially offset the collective cost of completing this assessment:

Now, therefore, be it resolved by the Columbiana County Board of Health of the, county of Columbiana, state of Ohio that this mutually agreeable partnership be established for the purposes outlined above.

ADOPTED BY THE COLUMBIANA COUNTY BOARD OF HEALTH THIS 18th DAY OF September.

Shawn Apple
President, Board of Health

Wesley J. Vins, MS
Health Commissioner

Effective Date of this resolution: September 18th 2013

Wesley Vins

From: Rick Setty [rsetty@cityofsalemohio.org]
Sent: Monday, September 23, 2013 3:12 PM
To: Wesley Vins
Subject: Performance Audit of the city of Salem

Dear Commissioner Vins:

Please be advised that the city of Salem (including the Salem City Board of Health) did not recently have a performance audit conducted by the Auditor of State. According to City Auditor Betty Brothers, negotiations concerning the potential audit broke down in regard to the terms and conditions under which it would be conducted.

Should you need any additional information, please advise.

Sincerely,
Richard Setty, R.S.
Salem City Health Commissioner

Richard D. Setty, R.S.
Health Commissioner
Member, State Board of Sanitarian Registration
CEOMPH/YSU Instructor in Environmental Science
230 North Lincoln Avenue, Suite 104
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