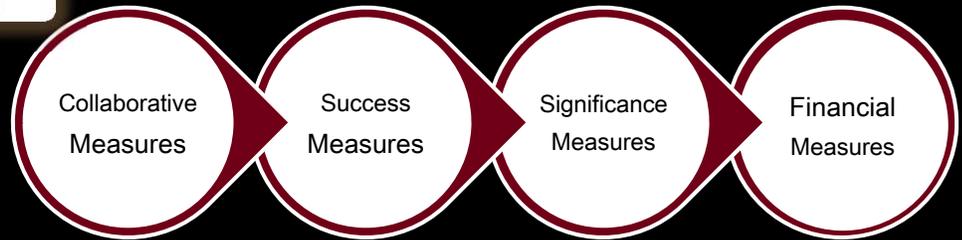




Ohio
Local Government
 Innovation Fund



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	
Project Name	
Type of Request	
Request Amount	
JobsOhio Region	
Political Subdivision Type <small>Choose one that best describes your organization</small>	
Project Type	
Project Approach	



**Development
 Services Agency**

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

E-mail: LGIF@development.ohio.gov

Phone: 614 | 995 2292

Lead Applicant		Round 7	
Project Name		Type of Request	

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

Lead Agency			
Mailing Address:	Name:		
	Street Address:		
	City:		
	Zip:		
In what county is the lead agency located?			
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Ohio House District:</td> <td style="width: 50%;">Ohio Senate District:</td> </tr> </table>		Ohio House District:	Ohio Senate District:
Ohio House District:	Ohio Senate District:		

Section 1
Contacts

Project Contact		
Please provide information about the individual who should be contacted regarding this application.		
Mailing Address:	Name:	Title:
	Street Address:	
	City:	
	Zip:	
Email Address:	Phone Number:	

Fiscal Agency:		
Please provide information for the entity and individual serving as the fiscal agent for the project.		
Mailing Address:	Fiscal Agency:	
	Fiscal Officer:	Title:
	Street Address:	
	City:	
	Zip:	
Email Address:	Phone Number:	

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	
Does the applicant (or collaborative partner) represent a county with a population of fewer than 235,000 residents?	Yes	No
	List Entity	

Single Applicant		
Is your organization applying as a single entity?	Yes	No

Lead Applicant		Round 7	
Project Name		Type of Request	

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.

Section 2
Collaborative Partners

Lead Applicant		Round 7	
		Type of Request	

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	
	Name:
Mailing Address:	Street Address:
	City:
	Zip:

Collaborative Partner # 2	
	Name:
Mailing Address:	Street Address:
	City:
	Zip:

Collaborative Partner # 3	
	Name:
Mailing Address:	Street Address:
	City:
	Zip:

Collaborative Partner # 4	
	Name:
Mailing Address:	Street Address:
	City:
	Zip:

Collaborative Partner # 5	
	Name:
Mailing Address:	Street Address:
	City:
	Zip:

Collaborative Partner # 6	
	Name:
Mailing Address:	Street Address:
	City:
	Zip:

Section 2 Collaborative Partners

Lead Applicant		Round 7	
Project Name		Type of Request	

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:

Section 2 Collaborative Partners

Lead Applicant		Round 7	
Project Name		Type of Request	

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.

Section 3

Project Information

Lead Applicant		Round 7	
Project Name		Type of Request	

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).		
Applicant demonstrates Past Success	Yes	No

Section 3
Project Information

Scalable		
Provide a summary of how the applicant's proposal can be scaled for the inclusion of other entities (5 points).		
Applicant demonstrates a Scalable project	Yes	No

Lead Applicant		Round 7	
		Type of Request	

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).		
Applicant demonstrates a Replicable project	Yes	No

Section 3
Project Information

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).		
Applicant demonstrates Probability of Success	Yes	No

Lead Applicant		Round 7	
Project Name		Type of Request	

Performance Audit/Cost Benchmarking		
<p>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).</p>		
Prior Performance Audit or Cost Benchmarking	Yes	No

Section 3
Project Information

Economic Impact		
<p>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).</p>		
Applicant demonstrates Economic Impact	Yes	No

Lead Applicant			
		Type of Request	

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).		
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 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 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		Round 7	
Project Name		Type of Request	

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:

Cash Match (List Sources Below):

Source:	<input type="text"/>

In-Kind Match (List Sources Below):

Source:	<input type="text"/>
Source:	<input type="text"/>
Source:	<input type="text"/>

Total Match:

Total Sources:

Uses of Funds

	Amount	Revenue Source
Consultant Fees:	<input type="text"/>	<input type="text"/>
Legal Fees:	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input 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)

Section 4
Financial Information

Lead Applicant		Round 7	
Project Name		Type of Request	

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

[Large empty rectangular area for Project Budget Narrative]

Section 4
Financial Information

Lead Applicant		Round 7	
Project Name		Type of Request	

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Total Program Expenses	Total Program Expenses	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	Revenues
Contributions, Gifts, Grants & Earned Revenue			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>State Government</i>			
<i>Federal Government</i>			
*Other - _____			
*Other - _____			
*Other - _____			
<i>Membership Income</i>			
<i>Program Service Fees</i>			
<i>Investment Income</i>			
TOTAL REVENUES			

Lead Applicant		Round 7	
Project Name		Type of Request	

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Total Program Expenses	Total Program Expenses	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	Revenues
Contributions, Gifts, Grants & Earned Revenue			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>State Government</i>			
<i>Federal Government</i>			
*Other - _____			
*Other - _____			
*Other - _____			
<i>Membership Income</i>			
<i>Program Service Fees</i>			
<i>Investment Income</i>			
TOTAL REVENUES			

Lead Applicant		Round 7
Project Name		Type of Request

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.

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.

(1 point) Applicant provided complete and accurate budget information for less than three fiscal years.

Lead Applicant		Round 7	
Project Name		Type of Request	

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:
$$\frac{\text{Total \$ Saved}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

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

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

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

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

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:
$$\frac{\text{Total Gains}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Expected Return on Investment = _____ * 100 =

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

Lead Applicant		Round 7	

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 preceding pages. Use references when appropriate to justify assumptions used for cost projections.

Section 4
Financial Information

Lead Applicant		Round 7	
Project Name		Type of Request	

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.)

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

Project has a Magnitude Factor of 50 or above Yes No

Cost Savings

This project will decrease specific line items in the existing 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).

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).

Project affects Core Services of the Lead Applicant Yes No

Section 4
Financial Information

Lead Applicant		Round 7	
Project Name		Type of Request	

Loan Repayment Structure

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.

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)
--	---

Lead Applicant		Round 7	
Project Name		Type of Request	

Scoring Overview

Section 1: Collaborative Measures

Collaborative Measures	Description	Max Points		Self Score
Population	Applicant's population (or the population of the area(s) served) falls within one of the listed categories as determined by the U.S. Census Bureau. Population scoring will be determined by the smallest population listed in the application. Applications from (or collaborating with) small communities are preferred.	5		
Participating Entities	Applicant has executed partnership agreements outlining all collaborative partners and participation agreements and has resolutions of support.	5		

Section 2: Success Measures

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

Section 3: Significance Measures

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

Section 4: Financial Measures

Financial Information	Applicant includes financial information (i.e., service related operating budgets) for the most recent three years and the three-year period following the project.	5		
Local Match	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	5		
Expected Return	Applicant demonstrates as a percentage of savings (i.e., actual savings, increased revenue or cost avoidance) an expected return. The return must be derived from the applicant's cost basis.	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		
Cost Savings	Applicant demonstrates specific line items in the current budget that will decrease as a result of this project.	5		
Core Services	Applicant demonstrates that the project affects core services provided in their community.	5		
Repayment Structure (Loan Only)	Applicant demonstrates a viable repayment source to support loan award.	5		

Total Points				
---------------------	--	--	--	--

6-PACT PARTNERSHIP AGREEMENT

We, the undersigned, commit ourselves to partner together to complete a feasibility study to identify how the health districts we represent can share services to more efficiently and effectively provide public health services to the residents of northwest Ohio.

We will demonstrate our commitment by:

- Working together to prepare and submit a joint application for grant funds from the Ohio Local Government Innovation Fund;
- Sharing health district data regarding operations, services, personnel, and finances, during the application and feasibility study processes;
- Attending leadership meetings to plan, implement, and evaluate the proposed feasibility study;
- Participating fully in all activities proposed as part of the feasibility study;
- Keeping Board of Health members informed of the status of the feasibility study and the resulting recommendations and opportunities for shared services;
- Providing in-kind support from agency staff, including health commissioner/administrator time and mileage expenses, to participate; and
- Openly considering all recommendations resulting from the feasibility study.

Kimberly Moss
Kimberly Moss, MPH, BSN, RN, Health Commissioner
Defiance County General Health District

August 20, 2012
Date

Mike Oricko
Mike Oricko, MSEPH, Health Commissioner
Fulton County General Health District (Combined)

9-22-12
Date

Anne Goon, MS, RD, LD
Anne Goon, MS, RD, LD, Health Commissioner
Henry County General Health District

8-22-12
Date

Williams Edwards
Williams Edwards, RS, BS, Administrator
Paulding County General Health District

8-31-12
Date

Ruth Gerding
Ruth Gerding, MPH, RN, Administrator
Putnam County General Health District

8-22-12
Date

James D. Watkins
James D. Watkins, MPH, RS, Health Commissioner
Williams County General Health District

8-22-12
Date



Paulding County Health Department & WIC

800 East Perry Street
Paulding, Oh 45879
Phone 419-399-3921

Toll Free 1-866-399-3921
WIC Dept. 419-399-2621
Fax: 419-399-3494

Providing Community Health Direction

www.pauldingcountyhealth.com

Email: paulcohd@odh.ohio.gov

Resolution to Support Application for Local Government Innovation Fund Project

The District Board of Health of Paulding County, Ohio, met in regular session on the 31st day of July, 2012, at the offices of the Paulding County Health Department.

Ron Schmidt moved the adoption of the following resolution:

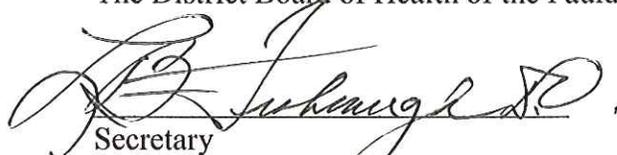
Be it resolved, by the Board of Health of Paulding County, Ohio that a joint application for Local Government Innovation Funds by the Paulding County Board of Health along with the boards of Health from Defiance, Fulton, Henry Putnam and Williams be fully supported. This joint project will offer an opportunity for the agencies to provide, share and expand services and programs.

The Local Government Innovation Fund has been created by the state legislature to provide monies to political subdivisions to create more efficient and effective service delivery mechanisms and promote efficiency, shared services, coproduction, and mergers among local government agencies.

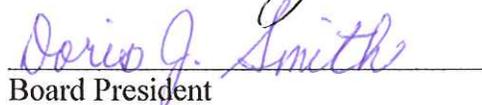
Chris Bercaw seconded the resolution, and the motion passed unanimously resulting in its adoption. The vote resulted as follows:

<u>Joseph Kuhn, D.O.</u>	<u>Yes</u>
<u>Dennis Miller</u>	<u>Yes</u>
<u>Ron Schmidt</u>	<u>Yes</u>
<u>Chris Bercaw</u>	<u>Yes</u>

The District Board of Health of the Paulding County General Health District.


Secretary

July 31, 2012
Date


Board President

July 31, 2012
Date

Resolution 65.12

Support for Application for Local Government Innovation Fund Grant for 6-Pact Local Health Department Feasibility Study

The District Board of Health of Henry County, Ohio, met in regular session on the 8th day of August, 2012, at the offices of the Henry County Health Department.

Dr. Doug Lindsey moved the adoption of the following resolution:

Whereas, the Henry County Board of Health is committed to its vision of Henry County Health Department being a public health leader week that embraces excellence and collaboration to optimize the health of residents of northwest Ohio;

Whereas, the Henry County Board of Health is committed to the mission of improving the quality of life of residents of Henry County and northwest Ohio through health promotion, health education, and disease prevention;

Whereas, the Henry County Board of Health is committed to being a good steward of the financial resources provided by the taxpayers of Henry County through a local health levy supporting the general operations of the Henry County General Health District;

Whereas, the Henry County Board of Health has a long history of successful collaboration with the Boards of Health in Defiance, Fulton, Paulding, Putnam, and Williams County to share resources and efforts to prevent disease, promote optimal health, and protect local residents against injury and illness;

Whereas, the Health Commissioners and Administrators of the Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Health Departments are seeking opportunities to explore additional ways their individual agencies can share services to more efficiently and effectively provide public health services to their residents; and

Whereas, the Local Government Innovation Fund has been created by the Ohio legislature to provide monies to political subdivisions to create more efficient and effective service delivery mechanisms and promote shared services among local government agencies;

Be it resolved, by the District Board of Health of Henry County, Ohio that an application for a Local Government Innovation Fund grant for a 6-Pact Local Health Department Feasibility Study to explore opportunities to expand cross-jurisdictional sharing of public health services be fully supported. The application will be submitted by the Henry County Health Department on behalf of Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Health Departments.

Eric Damman seconded the resolution, and the motion passed unanimously resulting in its adoption. The vote resulted as follows:

Eric Damman
Doug Lindsey, M.D.
Joel Miller
Sharon Miller
Roger Richard
Alice Schwiebert, R.N.
Al Wiederwohl

Yes
Yes
Absent
Yes
Yes
Yes
Yes

The District Board of Health of the Henry County General Health District.

Anne Goon
Secretary

August 8, 2012
Date

Roger Richard
Board President

August 8, 2012
Date

Resolution 37.12

SUPPORT FOR APPLICATION FOR LOCAL GOVERNMENT INNOVATION FUND GRANT FOR 6-PACT LOCAL HEALTH DEPARTMENT FEASIBILITY STUDY

The District Board of Health of Fulton County, Ohio, met in regular session on the 6th day of August, 2012, at the offices of the Fulton County Health Department.

Jane Sauber moved the adoption of the following resolution:

Whereas, the Fulton County Board of Health is committed to its vision of Fulton County Health Department being a public health leader week that embraces excellence and collaboration to optimize the health of residents of northwest Ohio;

Whereas, the Fulton County Board of Health is committed to the mission of improving the quality of life of residents of Fulton County and northwest Ohio through health promotion, health education, and disease prevention;

Whereas, the Fulton County Board of Health is committed to being a good steward of the financial resources provided by the taxpayers of Fulton County through a local health levy supporting the general operations of the Fulton County General Health District;

Whereas, the Fulton County Board of Health has a long history of successful collaboration with the Boards of Health in Defiance, Fulton, Paulding, Putnam, and Williams County to share resources and efforts to prevent disease, promote optimal health, and protect local residents against injury and illness;

Whereas, the Health Commissioners and Administrators of the Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Health Departments are seeking opportunities to explore additional ways their individual agencies can share services to more efficiently and effectively provide public health services to their residents; and

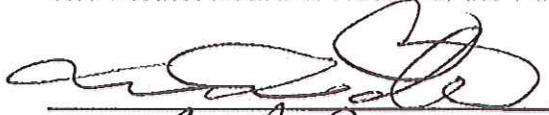
Whereas, the Local Government Innovation Fund has been created by the Ohio legislature to provide monies to political subdivisions to create more efficient and effective service delivery mechanisms and promote shared services among local government agencies;

Be it resolved, by the District Board of Health of Fulton County, Ohio that an application for a Local Government Innovation Fund grant for a 6-Pact Local Health Department Feasibility Study to explore opportunities to expand cross-jurisdictional sharing of public health services be fully supported. The application will be submitted by the Henry County Health Department on behalf of Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Health Departments.

Judy Murtiff seconded the resolution, and the motion passed unanimously resulting in its adoption. The vote resulted as follows:

<u>Dave Nafziger</u>	yes
<u>Denise Heban</u>	yes
<u>Judy Murtiff</u>	yes
<u>Dave Pelok, D.D.S.</u>	absent
<u>Jane Sauber</u>	yes

The District Board of Health of the Fulton County General Health District.



Secretary

Board President

August 6, 2012

August 6, 2012

**SUPPORT APPLICATION FOR
LOCAL GOVERNMENT INNOVATION
FUND PROJECT**

RESOLUTION

The Putnam County Board of Health met in the conference room of the Buckeye Building, Ottawa, Ohio on August 9, 2012, with the following members present:

Raymond E. Brinkman, Jr.
Dr. Mandy Klass
Jeff Hoyt
Jeff Ducey
Gary Hermiller

At this meeting, the Board discussed the adoption of the following Resolution for the County Board of Health.

Mr. Ducey moved the adoption of the following Resolution:

WHEREAS, the Local Government Innovation Fund has been created by the state legislature to provide funds to political subdivision to create more efficient and effective service delivery mechanisms and promote efficiency, shared services, coproduction and mergers among local government agencies and

WHEREAS, this joint project would provide an opportunity for all health districts to explore cross jurisdictional sharing concepts in an effort to enhance public health and organizational efficiencies,

THEREFORE, be it resolved by the Putnam County District Board of Health, that a joint application for Local Government Innovation Funds with the Williams, Fulton, Defiance, Henry, Paulding and Putnam County Health Districts be fully supported.

THEREFORE, be it further resolved, that it is found and determined that all formal actions of this Board concerning and relating to the adoption of this Resolution were so adopted in an open meeting of this Board and that all deliberation of this Board of any of its committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

Mr. Hoyt seconded the motion and the roll being called upon its adoption, the vote resulted as follows:

Ray Brinkman, Board President	<i>Mandy Klass m.o.</i>
<i>Jeff Ducey</i> _____, yes	<i>Jeff</i> _____, yes
<i>Raymond E. Brinkman</i> _____, yes	<i>Gary Hermiller</i> _____, yes
Dr. Mary Ann Myers, Secretary _____	<i>Mary Myers, MD</i>

Defiance County General Health District
1300 E. Second Street, Suite 100
Defiance, Ohio 43512

Resolution No.30.2012
August 13, 2012

**SUPPORT APPLICATION FOR LOCAL GOVERNMENT INNOVATION FUND
PROJECT**

The Defiance County District Board of Health met in Regular Session on Monday, August 13, 2012, in Conference Room 1-B of Defiance County East, 1300 E. Second Street, Defiance, Ohio.

Kelly Roach moved the adoption of the following

Resolution

Whereas the Local Government Innovation Fund has been created by the state legislature to provide funds to political subdivisions to create more efficient and effective service delivery mechanisms and promote efficiency, shared services, coproduction, and mergers among local government agencies and

Whereas this joint project would provide an opportunity for all health districts to explore cross jurisdictional sharing concepts in an effort to enhance public health and organizational efficiencies,

Therefore be it resolved by the Defiance County District Board of Health, that a joint application for Local Government Innovation Funds with the Williams, Fulton, Defiance, Henry, Paulding, and Putnam County Health Districts be fully supported.

Therefore be it further resolved, that it is found and determined that all formal actions of this Board concerning and relating to the adoption of this Resolution were so adopted in an open meeting of this Board and that all deliberation of this Board of any of its committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

Daniel Michel seconded the motion and the roll being called upon its adoption the vote resulted as follows:

Kelly Roach	yes
Karl Kissner	yes
Daniel Michel	yes
William Richter, M.D.	yes
Colleen Richter	absent

August 13, 2012



Kimberly Moss, Secretary

Resolution 02.12

SUPPORT APPLICATION FOR LOCAL FOR LOCAL GOVERNMENT INNOVATION FUND PROJECT

RESOLUTION

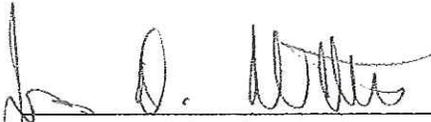
Whereas the Local Government Innovation Fund has been created by state legislature to provide funds to political subdivisions to create more efficient and effective service delivery mechanisms and promote efficiency, shared services, coproduction, and mergers among local government agencies and

Whereas this joint project would provide an opportunity for all health districts to explore cross jurisdictional sharing concepts in an effort to enhance public health and organizational efficiencies,

Therefore be it resolved by the Williams County Combined Board of Health, that a joint application for Local Government Innovation Funds with the Williams, Fulton, Defiance, Henry, Paulding, and Putnam County Health Districts be fully supported.

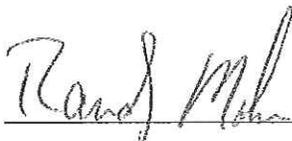
Therefore be it further resolved, that it is found and determined that all formal actions of this Board concerning and relating to the adoption of this Resolution were so adopted in an open meeting of this Board and that all deliberation of this Board of any of its committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

the Board of Health of the Williams County Health Department



James D. Watkins, Secretary

8-21-12
Date



Mr. Randy Mohre, President

8-21-2012
Date



Figure 17.

Ohio Minimum Package of Local Public Health Services

Core public health services

All LHDs should be responsible for providing the following services in their district — directly or by contracting with another LHD

- **Environmental health services,*** such as water safety, school inspections, nuisance abatement, and food safety (restaurant and grocery store inspections)
- **Communicable disease control,** vaccination capacity, and quarantine authority*
- **Epidemiology** services for communicable disease outbreaks and trending* and disease prevalence and morbidity/mortality reporting*
- **Access to birth and death records**
- **Health promotion and prevention** (health education* and policy, systems, and environmental change)
 - Chronic disease prevention (including tobacco, physical activity, nutrition)
 - Injury prevention
 - Infant mortality/preterm birth prevention
- **Emergency preparedness,** response, and ensuring safety of an area after a disaster
- **Linking people to health services** to make sure they receive needed medical care*
- **Community engagement,** community health assessment and improvement planning, and partnerships

*Service mandated by state of Ohio (ORC, OAC) (Note: Ohio law mandates several specific services related to environmental health and communicable diseases. Not all are listed here. See Appendix D for complete list.)

Other public health services

(Varies by community need as determined by Community Health Assessments) LHDs play a role in assuring that these services are provided in their community — either by local public health or other organization(s), including health care providers and other government agencies

- **Clinical preventive and primary care services**
 - Immunizations
 - Medical and dental clinics (primary care)
 - Care coordination and navigation
 - Reproductive and sexual health services (including STD testing, contact tracing, diagnosis, and treatment)

Specific maternal and child health programs, such as

- WIC (Women Infants and Children) nutrition program
- Help Me Grow home visiting program (HMG)
- Bureau for Children with Medical Handicaps program (BCM/H)

Non-mandated environmental health services, such as

- Lead screening, radon testing, residential plumbing inspections, etc.

Other-optional depending on community need and other available providers

- Home health, hospice care, home visiting programs (other than HMG)
- School nurses; Drug and alcohol use prevention; Behavioral health
- Municipal ordinance enforcement

Foundational Capabilities

All LHDs should have access to the following skills and resources. Access can occur through cross-jurisdictional sharing.

Quality assurance

- Accreditation
- Quality improvement and program evaluation
- Identification of evidence-based practices

Information management and analysis

- Data analysis expertise for surveillance, epidemiology, community health assessment, performance management, and research
- Information technology infrastructure
- Interface with health information technology

Policy development

- Policy analysis and planning
- Expertise for policy, systems, and environmental change strategies

Resource development

- Grant writing expertise and grant seeking support
- Workforce development (training, certification, recruitment)
- Service reimbursement, contracting, and fee collection infrastructure (interface with third party payers)

Legal support

- Specialized consultation and analysis on public health law

Laboratory capacity

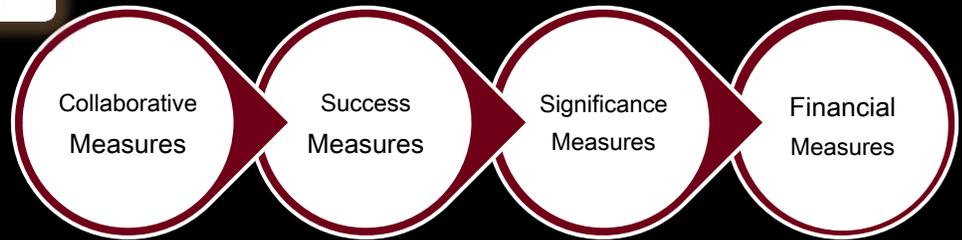
- Environmental health lab
- Clinical lab services (as appropriate)

Support and expertise for LHD community engagement strategies

- Community and governing entity engagement, convening and planning
- Public information, marketing, and communications planning
- Community health assessment and improvement and health equity



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	
Project Name	
Type of Request	
Request Amount	
JobsOhio Region	
Political Subdivision Type <small>Choose one that best describes your organization</small>	
Project Type	
Project Approach	



**Development
 Services Agency**

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

E-mail: LGIF@development.ohio.gov

Phone: 614 | 995 2292

Lead Applicant		Round 7	
Project Name		Type of Request	

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

Lead Agency			
Mailing Address:	Name:		
	Street Address:		
	City:		
	Zip:		
In what county is the lead agency located?			
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Ohio House District:</td> <td style="width: 50%;">Ohio Senate District:</td> </tr> </table>		Ohio House District:	Ohio Senate District:
Ohio House District:	Ohio Senate District:		

Section 1
Contacts

Project Contact		
Please provide information about the individual who should be contacted regarding this application.		
Mailing Address:	Name:	Title:
	Street Address:	
	City:	
	Zip:	
Email Address:	Phone Number:	

Fiscal Agency:		
Please provide information for the entity and individual serving as the fiscal agent for the project.		
Mailing Address:	Fiscal Agency:	
	Fiscal Officer:	Title:
	Street Address:	
	City:	
	Zip:	
Email Address:	Phone Number:	

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	
Does the applicant (or collaborative partner) represent a county with a population of fewer than 235,000 residents?	Yes	No
	List Entity	

Single Applicant		
Is your organization applying as a single entity?	Yes	No

Lead Applicant		Round 7	
Project Name		Type of Request	

Collaborative Partners

Does the proposal include collaborative partners?	Yes	No
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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.

Section 2
Collaborative Partners

Lead Applicant		Round 7	
		Type of Request	

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:
	Street Address:
	City:
	Zip:

Collaborative Partner # 2	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

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		Round 7	
Project Name		Type of Request	

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:

Section 2 Collaborative Partners

Lead Applicant		Round 7	
Project Name		Type of Request	

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.

Section 3

Project Information

Lead Applicant		Round 7	
Project Name		Type of Request	

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).		
Applicant demonstrates Past Success	Yes	No

Section 3
Project Information

Scalable		
Provide a summary of how the applicant's proposal can be scaled for the inclusion of other entities (5 points).		
Applicant demonstrates a Scalable project	Yes	No

Lead Applicant		Round 7	
		Type of Request	

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).		
Applicant demonstrates a Replicable project	Yes	No

 Section 3
Project Information

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).		
Applicant demonstrates Probability of Success	Yes	No

Lead Applicant		Round 7	
Project Name		Type of Request	

Performance Audit/Cost Benchmarking		
<p>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).</p>		
Prior Performance Audit or Cost Benchmarking	Yes	No

Section 3
Project Information

Economic Impact		
<p>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).</p>		
Applicant demonstrates Economic Impact	Yes	No

Lead Applicant			
		Type of Request	

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).		
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 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 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		Round 7	
Project Name		Type of Request	

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:

Cash Match (List Sources Below):

Source:	<input type="text"/>

In-Kind Match (List Sources Below):

Source:	<input type="text"/>
Source:	<input type="text"/>
Source:	<input type="text"/>

Total Match:

Total Sources:

Uses of Funds

	Amount	Revenue Source
Consultant Fees:	<input type="text"/>	<input type="text"/>
Legal Fees:	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input 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)

Section 4
Financial Information

Lead Applicant		Round 7	
Project Name		Type of Request	

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

Section 4
Financial Information

Lead Applicant		Round 7	
Project Name		Type of Request	

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Total Program Expenses	Total Program Expenses	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	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		Round 7	
Project Name		Type of Request	

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Total Program Expenses	Total Program Expenses	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	Revenues
Contributions, Gifts, Grants & Earned Revenue			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>State Government</i>			
<i>Federal Government</i>			
*Other - _____			
*Other - _____			
*Other - _____			
<i>Membership Income</i>			
<i>Program Service Fees</i>			
<i>Investment Income</i>			
TOTAL REVENUES			

Lead Applicant		Round 7
Project Name		Type of Request

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.

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.

(1 point) Applicant provided complete and accurate budget information for less than three fiscal years.

Lead Applicant		Round 7	
Project Name		Type of Request	

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:
$$\frac{\text{Total \$ Saved}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

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

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

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

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

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:
$$\frac{\text{Total Gains}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Expected Return on Investment = _____ * 100 =

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

Lead Applicant		Round 7	

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 preceding pages. Use references when appropriate to justify assumptions used for cost projections.

Section 4
Financial Information

Lead Applicant		Round 7	
Project Name		Type of Request	

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.)

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

Project has a Magnitude Factor of 50 or above Yes No

Cost Savings

This project will decrease specific line items in the existing 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).

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).

Project affects Core Services of the Lead Applicant Yes No

Section 4
Financial Information

Lead Applicant		Round 7	
Project Name		Type of Request	

Loan Repayment Structure

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.

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)
--	---

Lead Applicant		Round 7	
Project Name		Type of Request	

Scoring Overview

Section 1: Collaborative Measures

Collaborative Measures	Description	Max Points		Self Score
Population	Applicant's population (or the population of the area(s) served) falls within one of the listed categories as determined by the U.S. Census Bureau. Population scoring will be determined by the smallest population listed in the application. Applications from (or collaborating with) small communities are preferred.	5		
Participating Entities	Applicant has executed partnership agreements outlining all collaborative partners and participation agreements and has resolutions of support.	5		

Section 2: Success Measures

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

Section 3: Significance Measures

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

Section 4: Financial Measures

Financial Information	Applicant includes financial information (i.e., service related operating budgets) for the most recent three years and the three-year period following the project.	5		
Local Match	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	5		
Expected Return	Applicant demonstrates as a percentage of savings (i.e., actual savings, increased revenue or cost avoidance) an expected return. The return must be derived from the applicant's cost basis.	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		
Cost Savings	Applicant demonstrates specific line items in the current budget that will decrease as a result of this project.	5		
Core Services	Applicant demonstrates that the project affects core services provided in their community.	5		
Repayment Structure (Loan Only)	Applicant demonstrates a viable repayment source to support loan award.	5		

Total Points				
---------------------	--	--	--	--

Bent, Nicole

From: Anne Goon <agoon@henrycohd.org>
Sent: Thursday, October 31, 2013 11:33 PM
To: DSA Igif
Cc: Anne Goon
Subject: Cure- Shared Public Health Services in Northwest Ohio
Attachments: LGIF Round 7 Cure- Shared Public Health Services in Northwest Ohio.pdf

Importance: High

Categories: Cure Documents

Henry County General Health District is responding as requested to provide additional details related to the Project "Shared Public Health Services in Northwest Ohio" (Application #G07-014). The additional information is outlined below and in the attached document labeled as "LGIF Round 7 Cure- Shared Public Health Services in Northwest Ohio".

Issues for Response

2. Project Budget:

The in-kind match amounts are listed separately for each health district in the "Sources of Funds" section of the Project Budget. Due to the limited number of spaces in the "In-Kind" section, the in-kind matches for Paulding, Putnam, and Williams County Health Districts are entered in the "Cash Match" section; please note, however, that these are in-kind matches (not cash).

This information is also listed here for greater clarity.

In-Kind Match

Defiance County General Health District	\$12,615
Fulton County General Health District	\$12,140
Henry County General Health District	\$19,272
Paulding County General Health District	\$ 8,175
Putnam County General Health District	\$ 7,152
<u>Williams County General Health District</u>	<u>\$ 8,646</u>
Total In-Kind Match	\$68,000

In the Uses of Funds section, Personnel is listed twice simply to document the different revenue sources that will be covering these expenses. Of the total anticipated Personnel Costs, \$66,575 (or 90%) will be part of the health districts' in-kind match, while \$7,500 (or 10%) will be covered with LGIF funds. The \$66,575 corresponds to the total of first and second line items described in the Personnel section of the Project Budget Narrative. The \$7,500 corresponds to the third line item listed in the Personnel section of the Project Budget Narrative.

4. Return on Investment:

The purpose of the proposed project is to identify where it makes the most sense to share services across the six health districts. Until this determination is made, it is unknown exactly what cost savings, cost avoidance, and/or increased income will be realized. In the absence of this information, five potential shared service opportunities previously identified by health district leaders were used to calculate potential return on investment. Total Gains were calculated as reported in the Program Budget and Return on Investment Justification Narratives:

- 1) Implementation of a shared electronic health record system costing \$150,000 in 2014 (but avoiding \$350,000 in costs if separate systems were purchased).
- 2) Pursuit of national public health accreditation as a single multi-jurisdictional applicant would cost \$31,800 in application fees (but save an additional \$44,520 in fees if the six health districts applied separately). Additionally, applying as a multi-jurisdictional applicant would reduce the amount of staff and staff time necessary to prepare and apply for accreditation, saving an estimated \$179,865, over the 3-year period. (The anticipated savings would not be \$179,865 per year as one might expect, since most personnel working on accreditation are existing staff. If we were able to reduce the number of FTEs needed to meet accreditation requirements, these individuals would resume their regular duties.)
- 3) Sharing 3 public health emergency planners, rather than having one planner for each county, would save \$194,202 per year x 3 years for a total savings of \$582,606.

- 4) Creation of full-time grantwriter position would cost approximately \$67,000 per year, but this expense would be offset by anticipated increased grant and foundation revenues of \$100,000 per year, resulting in a net gain of \$33,000 of additional income annually (\$99,000 for the 3-year period).
- 5) Joint purchasing of office supplies would save approximately \$229,200 over the three-year period, based upon the 15% savings that Henry County has recognized by participating in a group purchasing organization.

The Total Program Costs used in the ROI calculation is the sum of the program expenses reported in the Program Budget (\$9,465,238 + \$9,725,241 + \$9,596,600 = \$28,787,079).

Thank you for this opportunity to provide additional information supporting our LGIF application.

Anne

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