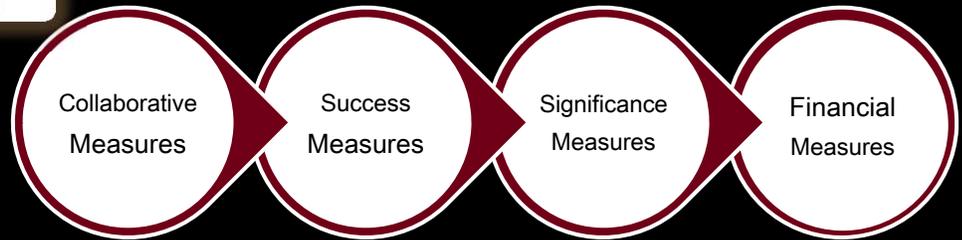




Ohio
Local Government
 Innovation Fund



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	
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.

Large empty rectangular area for the 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				
---------------------	--	--	--	--

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.

[Empty space for Project Budget Narrative]

Section 4
Financial Information

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)
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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
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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

Bent, Nicole

From: Perry Varnadoe <director@meigscountyohio.com>
Sent: Monday, November 04, 2013 1:11 PM
To: DSA Igif
Subject: Cure--Meigs County Digital Works
Attachments: 2 LGIF Project Budget - Meigs.pdf; 3 LGIF Program Budget - Meigs.pdf; 4 LGIF Return On Investment - Meigs.pdf; DigitalWorks LOS.pdf; Meigs Development Support Letter.pdf; Meigs Co, OH_DigiWorks_MOU_signed_2013.11.01.pdf; Meigs CIC LGIF Support.pdf

Categories: Cure Documents

Thank you for this cure opportunity and for the assistance you have offered.

Project Budget

Revised Project Budget Attached

The application has been amended to show the correct local match amounts:

Rent Assistance	\$5500
General Aid	<u>6000</u>
Local Match	\$11,500 (10.31%)

Program Budget

Revised Program Budget Attached

Return on Investment

Revised ROI attached

Letters of Support

Attached

Partnership Agreement

Attached

Thanks!

Perry Varnadoe

Director

Meigs County Economic Development Office

740-992-3034 Office

740-350-0697 Cell

740-992-7942 Fax

meigscountyohio.com

twitter.com/MeigsCountyOhio

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.



Department of
Job and Family Services

John R. Kasich, Governor
Cynthia C. Dungey, Director

November 1, 2013

Ohio Development Services Agency
77 South High Street, 29th Floor
Columbus, OH 43215

To Whom It May Concern,

I am writing this letter in support of the Digital Works program, an application from Connect Ohio for funding from the Meigs County Local Government to provide innovative means to support workforce development in Meigs County. The Digital Works program will maximize the impact of the innovation funding by leveraging existing community resources and local broadband connections.

Given the economic realities and the need to develop a skilled workforce to fill the jobs of today and tomorrow, the Digital Works program provides a customized solution to strengthen the capacity of Meigs County residents to compete in the global economy. The Digital Works program provides training and placement in call center and information technology careers. Participants also receive ongoing mentoring increasing retention and overall sustainability in employment.

With unemployment rates still above 11 percent in Meigs County (11.8 percent in August 2013), Digital Works offers a teleworking solution for your residents. This opportunity allows them to gain employment while remaining in your county and working from home, reducing their overall expenses. This also supports the county's tax base; with residents living and working in the county, their taxes will stay in the county.

The Ohio Department of Job and Family Services supports innovative ways to train and place Ohioans in permanent employment, and the Digital Works program strives to do just that.

Sincerely,

John B. Weber
Deputy Director
Office of Workforce Development

Office of Workforce Development
P.O. Box 1618
4020 East Fifth Avenue
Columbus, OH 43216-1618
www.jfs.ohio.gov/owd

Meigs County Community Improvement Corporation
238 West Main Street
Pomeroy, OH 45769
740.992.3034
www.meigscountyohio.com



The Meigs County Economic Development Office is a supporter of the Digital Works project and the accompanying LGIF grant application. We believe this is a great opportunity for our county.

The training that is offered, with the immediate availability of jobs upon completion, will be a great asset to our citizens of all ages. This is a rare opportunity where training leads directly to employment, and we think it will be a wonderful asset for our area and our citizens.

We look forward to working with the project and are happy to help.

Sincerely,

A handwritten signature in blue ink that reads "Brenda Roush". The signature is fluid and cursive, with the first letter of each name being significantly larger and more decorative.

Brenda Roush
Meigs County Economic Development Office



Meigs County Office of Economic and Workforce Development

238 West Main Street

Pomeroy, Ohio 45769

Voice: 740.992.3034

Fax: 740.992.7942

meigscountyohio.com

director@meigscountyohio.com

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Sincerely,

A handwritten signature in blue ink that reads "Brenda Roush".

Brenda Roush

Meigs County Economic Development Office

MEMORANDUM OF UNDERSTANDING

Now comes Connect Ohio Initiative, LLC, a wholly-owned subsidiary of Connected Nation, Inc. ("COH") with principal offices located at 1020 College Street, Bowling Green, Kentucky, 42101 and Meigs County Community Improvement Corporation ("County") with principal offices located at 238 West Main Street, Pomeroy, Ohio, 45769, (individually as a "Party" and collectively referred to as the "Parties") on this 31 day of October, 2013, mutually desiring to work together on lease agreement terms for COH's Digital Works site in County, Ohio for the property consisting of 2000 square feet located in Meigs County, Ohio.

Both parties agree as follows:

Section 1. Each Party's Responsibilities.

COH Responsibilities

- Obtain contents and liability insurance
- Create local employment opportunities projected at 5+ per month
- Hire facilitator
- Provide internet access and telephone service
- Provide computer hardware, software and IT services
- Provide curriculum
- Provide signage

County Responsibilities

- Provide the facilities free of charge for 12 months including utilities, maintenance, and snow removal
- Remove unnecessary contents
- Provide adequate furniture for 12 workstations, 2 offices and 1 conference room
- Provide initial cleaning of facility
- Provide functional restrooms
- Provide signage

Section 2. Terms of Payment. The initial term will be 12 months beginning September 3rd, 2013. During this term COH will pay \$0 in rent, utilities, property insurance, repairs, or maintenance. COH will have the right to renew in twelve month increments under the same terms and conditions if they are able to produce ~~seventy five~~ ^{fifty} (50) job opportunities during the previous twelve months.

Section 3. This Memorandum of Understanding (MOU) shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky.

Section 4. Notices. Any notice required or permitted to be given under this agreement shall be in writing and shall be hand-delivered, or sent via United States Postal Service, certified mail, return receipt requested, to the Party's address for notice set forth in this paragraph below. Such notice shall be deemed to have been given upon the date same is delivered in person, or on the date said notice is placed in a postage prepaid envelope for delivery by the United States Postal Service, via certified mail, return receipt requested. Addresses for notice are as follows:

Connect Ohio Initiatives, LLC

Mr. Thomas W. Ferree
President
Connect Ohio Initiatives, LLC
1020 College Street
Bowling Green, KY 42101

With a copy to the General Counsel at the same address.

County

Perry Varnadoe
Director
Meigs County Community Improvement Corporation
238 West Main Street
Pomeroy, Ohio 45769

Section 5: General Terms and Conditions.

- A. Entire agreement. This MOU constitutes the entire agreement between the Parties. No other agreement, written or oral, purporting to alter or amend this MOU shall be valid.
- B. Each Party certifies that the person signing below has signature authority for the organization.
- C. Limitation of Liability. COH's liability shall be limited to any liability that is the result of the wanton or malicious misconduct of employees performing services under this agreement. The total, aggregate award of damages arising out of such liability shall not exceed the amount received under this MOU. Under no circumstances shall COH be responsible for lost profits, damages or other unique, consequential, or indirect damages for any cause whatsoever.
- D. Indemnification. Both parties agree to indemnify and hold harmless each other and their respective employees, owners, partners, members, successors, and assigns (collectively, the "Indemnitees"), from and against any and all loss, liability, damage, injury, lien, cost, or expense (including reasonable attorneys' fees) and whether by reason of personal injury,

death, property damage, or otherwise arising out of and to the extent related to the negligence or willful misconduct of the Party. This agreement to indemnify and hold harmless the Indemnitees is not intended to and shall not be construed to apply to any situation where and to the extent the Indemnitees were negligent or involved in willful misconduct.

- E. Confidentiality. The Parties understand the sensitivity and need for confidentiality with respect to this agreement. The Parties will hold confidential all drafts, documents, or other such information so marked "Confidential." These provisions and obligations shall survive the natural expiration or termination of this agreement in perpetuity.
- F. Headings. The paragraph headings provided in this agreement are for convenience only, and shall not be used in the construction, enforcement, or interpretation of this agreement.
- G. Third Party Beneficiaries. There are no third party beneficiaries to this agreement.
- H. Force Majeure. The obligations of the Parties to this agreement are subject to prevention by causes beyond the Parties' control that could not be avoided by the exercise of due care including, but not limited to, acts of God, riots, wars, strikes, epidemics, terrorist attacks, or any other similar cause.
- I. No Joint Venture / Independent Contractor. The Parties hereto, in the performance of this agreement, shall not act as nor be considered employees, business partners, joint venturers, or associates of one another in any capacity. It is expressly acknowledged by the Parties hereto that such Parties are independent contracting entities and that nothing in this agreement shall be construed to create an employer/employee relationship nor allow either Party to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one Party shall not be deemed or construed to be the employees or agents of the other Party for any purpose whatsoever.
- J. Completeness. This agreement is complete and contains the entire understanding between the Parties relating to the subject matter contained herein, including all the terms and conditions of the Parties' agreement. This agreement supersedes any and all prior understandings, representations, negotiations, and agreements between the Parties relating hereto, whether written or oral.
- K. Termination of the Agreement. COH shall have the right to terminate this MOU without cause if it gives County thirty (30) days' written notice.

IN WITNESS WHEREOF, each Party has executed this MOU.

Connect Ohio Initiatives, LLC



(Signature)

Thomas W. Ferree
(Typed Name)

President & COO
(Title)

11/1/13
(Date)

CIC



(Signature)

Perry Varnadoe
(Typed Name)

Director
(Title)

October 30, 2013
(Date)

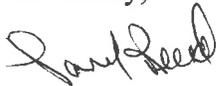
Meigs County Community Improvement Corporation
238 West Main Street
Pomeroy, Ohio 45769

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We look forward to working with the project and are happy to help.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Reed". The signature is written in a cursive style with a large initial "P" and "R".

Paul Reed
President

LGIF Committee

**RE: Round 7
Meigs County Digital Works Application**

After further review we ask that our application lead agency be changed from the Meigs County Commission to the Community Improvement Corporation of Meigs County. We believe this more accurately reflects the intent and purpose of the project.

If you have any questions please feel free to contact me.

Sincerely,

Perry Varnadoe
Director
Meigs County Community Improvement Corporation

Ohio Development Services Agency
77 South High Street, 29th Floor
Columbus, OH 43215

November 15, 2013

RE: The Local Government Innovation Fund

To Whom It May Concern,

I am pleased to write in support of the Digital Works program, an application from the Community Improvement Corporation of Meigs County for funding through the Local Government Innovation Fund. The Digital Works program will maximize the impact of LGIF support by leveraging existing community resources and local broadband connections to strengthen the capacity of Meigs County, Ohio residents to compete in the global economy.

The Digital Works program offers a sustainable job creation program providing training and technology-based jobs to local communities. The Digital Works program will assist Meigs County in overcoming traditional barriers to unemployment by offering ongoing mentoring in an atmosphere that cultivates networking, creative development, and supportive business services, resulting in committed employees on an upward trajectory in relevant workforce skills and community benefits.

With unemployment rates above 11 percent in Meigs County (11.8% in August 2013), Digital Works offers individuals the opportunity to leverage broadband connections for job placement. As local capacity builds, Meigs County will be able to recruit technology companies and attract high-demand, twenty-first century jobs for underemployed and displaced workers, providing an even greater investment in the local community and catalyzing economic development.

On behalf of Connect Ohio Initiative, LLC, I want to express our strongest support for the Digital Works application to the Local Government Innovation Fund.

Sincerely,



Stu Johnson
Executive Director
Connect Ohio
W 614-220-0190, M 614-364-2348
sjohnson@connectohio.org

Meigs County CIC
238 West Main Street
Pomeroy, OH 45769
740.992.3034



LGIF Committee

**RE: Round 7
Meigs County Digital Works Application**

After further review we ask that our application lead agency be changed from the Meigs County Commission to the Community Improvement Corporation of Meigs County. We believe this more accurately reflects the intent and purpose of the project.

If you have any questions please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Perry Varnadoe", with a long horizontal flourish extending to the right.

Perry Varnadoe
Director
Meigs County Community Improvement Corporation