

## LEAP PARTICIPANT IDENTIFICATION SUPPLEMENTAL FORM

### Participating Local Unit:

Entity Name:	County:
Address:	
<b>Program Contact Information</b>	
<i>Program Administrator:</i>	<i>Contact Person &amp; Title:</i>
Voice Phone/Extension #:	Voice Phone/Extension #:
Fax:	Fax:
E-mail:	E-mail:

### Participating Local Unit:

Entity Name:	County:
Address:	
<b>Program Contact Information</b>	
<i>Program Administrator:</i>	<i>Contact Person &amp; Title:</i>
Voice Phone/Extension #:	Voice Phone/Extension #:
Fax:	Fax:
E-mail:	E-mail:

### Participating Local Unit:

Entity Name:	County:
Address:	
<b>Program Contact Information</b>	
<i>Program Administrator:</i>	<i>Contact Person &amp; Title:</i>
Voice Phone/Extension #:	Voice Phone/Extension #:
Fax:	Fax:
E-mail:	E-mail:

## PLANNED EXPENDITURES FORM – CONSULTANT SERVICES - LEAP 4

*Submit this form or a separate consultant proposal detailing the following information.*

**Applicant:**

**Project Name:**

**Identify the consultant and describe the service(s) to be provided.**

(Continue on the back of this form if additional space is needed)

Activity/Task	Consultant Staff Level Assigned	Rate Per Hour/Per Day	Est. Time for Completion (hours/days)	(A) Cost Per Activity/Task
1.		\$		\$
2.				
3.				
4.				
5.				
6.				
<b>TOTAL</b>				\$

<b>OTHER EXPENSES (Itemize)</b>	<b>(B) COST</b>
	\$
<b>TOTAL Column (B) Costs</b>	<b>\$</b>
<b>TOTAL Columns (A) and (B) Costs</b> (Also enter this amount on Form LEAP-4 next to “Consulting”)	<b>\$</b>

## ESTIMATE OF POTENTIAL SAVINGS - LEAP 5

Achieving cost savings and efficiencies through shared services motivates the LEAP. The information provided below is an important factor in application assessment. Please be as specific as possible. Although the outcome of local or regional service activities cannot be fully predicted in advance, please be as specific as possible and refer to your goals. Savings can include reduction of current expenditures, productivity improvements, current or future cost avoidance, reduced rates of cost increases, or improved service levels without increased expenditures. Provide an additional page if necessary.

1. List each area in which the participating local units anticipate efficiencies and cost savings will arise due to undertaking the proposed shared service project. For each identified area, list the current total operating costs for all initial participants and project (in dollars or %) potential savings.

Cost areas	Current cost	Potential Savings

1. Describe potential productivity or other efficiencies that can result from local or regional agreement.
2. Describe reductions in staffing that could result from the areas described above.
3. Describe potential costs or expenditures that can be avoided.

## Participating Local Unit Acknowledgement

By signing this application form, each participating local unit signatory attests to the express authority to sign on behalf of the local government he or she represents and to the accuracy of the information contained in the application.

\_\_\_\_\_  
Signature  
(Print) Name and Title: \_\_\_\_\_  
(Print) Applicant (Lead) Entity: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(Print) Name and Title: \_\_\_\_\_  
(Print) Participating Local Entity: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(Print) Name and Title: \_\_\_\_\_  
(Print) Participating Local Entity: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(Print) Name and Title: \_\_\_\_\_  
(Print) Participating Local Entity: \_\_\_\_\_