

### Instructions

Thank you for your interest in this Sourcewell program. We want to make this process as easy and seamless as possible, so we have a few recommendations before you begin.

Download a copy of the document and open it in Adobe Acrobat Reader. This is standard software on most machines; however, if you don't already have this installed on your computer, you can obtain it for free at https://get.adobe.com/reader/.

This is <u>very important</u> because if you don't use Adobe Reader, but instead complete the document using an internet browser (Internet Explorer, Firefox, Chrome, etc.), you won't be able to save your work, digitally sign the form, or submit electronically.

- Once you have opened the document in Acrobat Reader, immediately 'Save As' from the 'File' menu on the upper left-hand corner. Save often as you work through the document.
- Review your document to ensure everything has been completed. When ready, submit to the Sourcewell contact as indicated.

Please take your time and don't hesitate to reach out if you have questions or concerns. We look forward to working with you!



## **Community Match Funds for Local Governments**

### 2022-2023

Community Match Funds are awarded on a first come, first-served basis while funds exist and are intended to support smaller projects that may not qualify for Community Impact Funds. A city, county, or other government association may apply for one (1) Match award up to \$10,000 per fiscal year. Award recipients may pool their awards to fund joint projects<sup>1</sup>. Entities are eligible for either one Community Match Funds award or one Community Boost Funds award per fiscal year.

### Eligibility requirements

- The applicant organization must:
  - Be a Sourcewell participating agency. Register at sourcewell-mn.gov/register
  - Be a city, county, or other government association located in Cass, Crow Wing, Morrison, Todd, or Wadena county
  - Apply for no more than one (1) Community Match Fund or (1) Community Boost Fund award per entity per fiscal year (July 1-June 30); entities cannot apply for additional Community Match or Boost Funding until their previous project is complete and the final report is submitted
  - Be willing and able to financially match the award amount (in-kind support does not constitute a financial match)
- The proposed project must:
  - Serve a public purpose as defined on the attached Public Purpose Checklist
  - Be completed within one year of the Effective Date of applicant's Community Match Funding Agreement with Sourcewell, if funds are awarded
- The proposed project must not involve:
  - Payment for land acquisition or building purchases
  - Costs for transportation infrastructure construction or maintenance
  - Expenses incurred prior to receipt of the award
  - Mandated work
  - Loans or reimbursement to individuals or businesses
  - Political or religious activities
  - Discriminatory or illegal activities
- A Community Match Fund application must:
  - Include all required information and attachments:
    - Proof of the organization's willingness and ability to match the amount awarded
    - A completed Public Purpose Checklist (attached)
  - Counties must also include a signed resolution in support of the project from the county board
  - Request no more than \$10,000

Sourcewell Page 2 of 2

### **Funding process**

**Step 1:** Sourcewell staff will review each application to ensure the criteria outlined above have been met. Applications that do not meet the criteria will not be eligible for Community Match Funds.

**Step 2:** Entities that pass the initial review process will be awarded funds on a first-come, first-served basis while funds remain available.

**Step 3:** Sourcewell staff will notify award recipients and provide further instructions.

### **Contact information**

Completed applications can be submitted by email to: community@sourcewell-mn.gov or by U.S. Mail to:

Sourcewell Community Solutions 202 12th Street NE P.O. Box 219 Staples, MN 56479

<sup>&</sup>lt;sup>1</sup> Each organization must submit a separate application; comply with the organization, project, and application requirements; and notify Sourcewell of their intent to pool fund



# Community Match Funds Application 2022-2023

# Organization information

Entity name:				
Physical address:				
Mailing address:				
Project point of contact name:				
Email:	Telephone:			
Authorized signer of legal agreement name:				
Email:				
Project information				
Please provide the following information specific to the proposed project:				
1. Project title:				

2. Amount of Match Funding requested:

3. Describe the project (800-word max).

4. It is the core purpose of Sourcewell to enrich the lives in our five-county community. How does your application promote this core purpose? 5. Provide a proposed project timeline with action steps. 6. Please state whether you plan to pool your award to fund a joint project with another Community Match Funds applicant, and if so, provide the name and contact information for the other applicant.

Sourcewell Page 3 of 6

### **Budget information**

Complete the table below to explain, **in detail**, the annual costs related to the project and the source of funds proposed to cover that cost, remember there is a **1:1 required match**. Insert additional lines to identify, **with specificity**, other costs related to the project. Sourcewell staff may contact you for additional information regarding your budget if more detail is required.

**Revenue Sources** (not including in-kind)

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Entity	Amount			
1. Sourcewell	\$			
2.				
3.				
4.				
Total	\$			

Expenditures/ Direct Costs	Sourcewell Dollars	Other Sources
1.		
2.		
3.		
4.		
5.		
6.		
Total	\$	\$
	\$	

7. If Community Match Funds are approved, describe specifically how they will be used to support the project.

Sourcewell Page 4 of 6

# Public Purpose Checklist

1.	Will the proposed project promote public health, safety, general welfare, security, prosperity, or the contentment of a community as a body?					
	$\Box$ If No, <b>STOP</b> . Public expenditure is not authorized by	ecause the	project will not further a public purpose.			
	$\Box$ If Yes, identify which of these purposes will be furt	thered by th	ne project and how, and continue to Step 2.			
2.	Will the proposed project primarily benefit the public	and not pr	ivate individuals or entities?			
	☐ If No, <b>STOP</b> . Public expenditure is not authorized for projects that primarily benefit private individuals or entities unless that benefit is only incidental to the project.					
	$\square$ If Yes, identify the population that will benefit from	n the propo	osed project, and continue to Step 3.			
3.	If funds are received from Sourcewell, what program	and/or serv	vices will your entity provide, please check			
	below, and continue to Step 4:					
	☐ administrative services		vocational rehabilitation			
	□ curriculum development		health, diagnostic, and child development			
	data processing		services and centers			
	distance learning and other	Ш	leadership or direction in early childhood			
	telecommunication services		and family education			
	<ul><li>evaluation and research</li><li>staff development</li></ul>		community services shared time programs			
	☐ media and technology centers		fiscal services and risk management			
	□ publication and dissemination of materials		programs, including health insurance			
	□ pupil personnel services		programs providing reinsurance or stop loss			
	planning		coverage			
	secondary, postsecondary, community,		technology planning, training, and support			
	adult, and adult vocational education		services			
	☐ teaching and learning services, including		health and safety services			
	services for students with special talents and		student academic challenges			
	special needs		cooperative purchasing services			
	☐ employee personnel services					
	☐ If No, <b>STOP</b> . Funding cannot be awarded for proje outlined in the enabling statute.	ects that do	not involve the programs and services			

Sourcewell Page **5** of **6** 

4.	Can the proposed project be implemented in a manner that ensures no conflicts of interest exist or any existing conflicts may be resolved?
	☐ If No, <b>STOP</b> . Public expenditure is not authorized for any project that may involve conflicts of interest.
	$\Box$ If Yes, identify any conflicts of interest that have been resolved and how, and continue to Step 5.
5.	Will the proposed project serve the best interests of Sourcewell and its five-county service area?
	$\Box$ If No, <b>STOP</b> . Public expenditure not authorized when it may conflict with the best interests of the entities involved.
	$\Box$ If Yes, describe how and continue to Step 6.
6.	Is the proposed project permitted under the laws, rules, or policies that govern the applicant entity(ies) and Sourcewell?
	☐ If No, <b>STOP</b> . Public expenditure is not authorized when it may conflict with the laws, rules, or policies that govern the entities involved.
	☐ If Yes, continue to Step 7.
7.	Will Sourcewell and the collaborating entities be able to satisfy all terms, conditions, policies, procedures, and other requirements associated with the proposed project?
	☐ If No, <b>STOP</b> . Public expenditure is not authorized for any project that will prevent the entities involved from complying with any associated requirements.
	☐ If Yes, continue to <b>Step</b> 8.
8.	Will the proposed project be implemented in a manner that ensures no public funds will be used to purchase or make a gift, donation, prize, or payment for dues to participate in a private organization?
	$\Box$ If No, <b>STOP</b> . Public expenditure is not authorized for these activities.
	☐ If Yes, the proposed project serves a public purpose.

Sourcewell Page 6 of 6

### Certification

I certify that the information contained in this application and in any related attachments is true and correct to the best of my knowledge and belief, and that I have the authority to apply for Community Match Funds in the amount requested.

Finally, I certify that no funds awarded as a result of this application will be used to pay costs incurred prior to receipt of the award, or loans or reimbursement to individuals or businesses; or to fund political, religious activities, discriminatory, or illegal activities. In addition, if I am signing this application on behalf of a nonprofit, I certify that no funds awarded as a result of this application will be used to pay capital expenses.

Signature		
Printed Name		
Title		
		_
Entity		
Date		