

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 **very important** 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

2023-2024

Community Match Funds are awarded on a first-come, first-served basis while funds exist. A city, county, township, or other government unit as defined in Minn. Stat. § 471.59 Subd. 1(B) may apply for one Match award up to \$10,000 per fiscal year. Award recipients may pool their awards to fund joint projects¹. Entities are eligible for either one Community Match Funds award or one Community Boost Funds² 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, township, or other government association located in Cass, Crow Wing, Morrison, Todd, or Wadena county.
 - Apply for no more than one Community Match Funds or one Community Boost Funds award per entity per fiscal year (July 1-June 15); 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:
 - Relate to programs or services authorized under Sourcewell's enabling statute, Minnesota Statutes § 123A.21, subdivision 7, and serve a public purpose.
 - Be completed within one year of the Effective Date of applicant's Community Match Funding Agreement with Sourcewell.
 - For projects where equipment is delayed due to supply chain issues, funding must still be expended within one year. Funding may be applied toward down payments or partial payments, and a copy of the payment receipt along with the anticipated equipment delivery date must be included with the final report. Sourcewell will follow-up one week after the anticipated delivery date to ensure the project has been completed.

- The proposed project must not involve:
 - Payment for land acquisition or building purchases.
 - Costs for transportation infrastructure construction or maintenance (i.e., roads and/or bridges).
 - Expenses incurred prior to receipt of the award.
 - Loans or reimbursement to individuals or businesses.

- A Community Match Fund application must:
 - Include all required information and attachments, including:
 - Proof of the organization's willingness and ability to match the amount awarded.
 - With county applicants, a signed resolution in support of the project from their county board.
 - Request no more than \$10,000.

¹ Each organization must submit a separate application; comply with the organization, project, and application requirements; and notify Sourcewell of their intent to pool funding.

² Community Boost Funds do not require a match; however, entities can only apply for \$1,000.

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

Community Match Funds Application

2023-2024

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 Community Match Funding requested:
3. Provide a description of the proposed project and the desired outcomes (400-word maximum).

4. How does the proposed project promote and align with Sourcewell's statutory purpose of providing programs and services as identified in question 7.

5. Describe how the proposed project primarily benefits your community within Region 5. Projects cannot primarily benefit any individuals, businesses, or nonprofit entities.

6. Do you plan to pool your award to fund a joint project with another Community Match Funds applicant?

No

Yes: provide the name and contact information for the other applicant.

7. The proposed project must relate to Sourcewell's government purpose as defined in Minn. Stat. § 123A.21, Subdivision 7. Please identify all program or service areas to which the proposed project will relate.

- | | |
|---|--|
| <input type="checkbox"/> administrative services | <input type="checkbox"/> employee personnel services |
| <input type="checkbox"/> curriculum development | <input type="checkbox"/> vocational rehabilitation |
| <input type="checkbox"/> data processing | <input type="checkbox"/> health, diagnostic, and child development services and centers |
| <input type="checkbox"/> distance learning and other telecommunication services | <input type="checkbox"/> leadership or direction in early childhood and family education |
| <input type="checkbox"/> evaluation and research | <input type="checkbox"/> community services |
| <input type="checkbox"/> staff development | <input type="checkbox"/> shared time programs |
| <input type="checkbox"/> media and technology centers | <input type="checkbox"/> fiscal services and risk management programs, including health insurance programs providing reinsurance or stop loss coverage |
| <input type="checkbox"/> publication and dissemination of materials | <input type="checkbox"/> technology planning, training, and support services |
| <input type="checkbox"/> pupil personnel services | <input type="checkbox"/> health and safety services |
| <input type="checkbox"/> planning | <input type="checkbox"/> student academic challenges |
| <input type="checkbox"/> secondary, postsecondary, community, adult, and adult vocational education | <input type="checkbox"/> cooperative purchasing services |
| <input type="checkbox"/> teaching and learning services, including services for students with special talents and special needs | |

Budget information

8. Complete the table below to identify the source of funds for your project. Remember there is a **dollar-for-dollar required match**.

Revenue sources (not including in-kind)	Amount
1. Sourcewell	\$
2.	
3.	
Total	\$

9. Complete the table below to explain, in detail, the itemized costs related to the project. Sourcewell staff may contact you for additional information regarding your budget if more detail is required.

Expenditures/ direct costs	Sourcewell Dollars	Other Sources
1.		
2.		
3.		
4.		
Total	\$	\$
Total Project Budget		\$

10. **For non-equipment purchases**, describe specifically how awarded funds would be used to support the project.

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, payment for land acquisition or building purchases, or costs for transportation infrastructure construction or maintenance.

Signature

Printed Name

Title

Entity

Date