

Boost Funds – Public Safety

2024-2025

Purpose: To allow member entities to address small projects with no match required.

Boost Funds are awarded on a first-come, first-served basis while funds exist. Entities may apply for one Boost award up to \$2,000 per fiscal year, no match required.

Eligibility requirements

- The applicant entity must:
 - Be a Sourcewell participating agency. Register at sourcewell-mn.gov/register
 - Be a police department, sheriff's office, tribal police department, fire department, first response team, or municipal ambulance service located in Cass, Crow Wing, Morrison, Todd, or Wadena county (Region 5).
 - Apply for no more than one Boost Fund award per entity per fiscal year (July 1-June 15); entities cannot apply for additional Boost Funding until their previous project has been completed and the final report has been submitted.
- The proposed project must:
 - Relate to programs or services authorized under Sourcewell's enabling statute, Minnesota Statute § 123A.21, subdivision 7, and serve a public purpose.
 - Sourcewell is a local government within Minnesota. Like all local governments, Sourcewell's expenditures of public funds, including this funding opportunity, must comport with a public purpose. Applicants should detail how their proposed project is consistent with this principle in benefiting Region 5, relating to Sourcewell's governmental purpose, and ensuring public funds will not be used to primarily benefit individuals, business, and nonprofit entities. Sourcewell may request additional information to support your application.
 - Be completed within one year of the effective date of applicant's Boost Funding agreement with Sourcewell.
- Ineligible expenditures:
 - Payment for land acquisition
 - 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
 - Projects receiving other Sourcewell funding
 - Third-party services

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

Boost Funds application 2024-2025

Entity 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. Amount of funding requested:
- 2. Provide a description of the proposed project and the desired outcomes (**300-word maximum**).

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

- 4. 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.
 - □ administrative services
 - □ curriculum development
 - □ data processing
 - □ distance learning and other telecommunication services
 - □ evaluation and research
 - □ staff development
 - media and technology centers
 - publication and dissemination of materials
 - □ pupil personnel services
 - □ planning
 - □ secondary, postsecondary, community, adult, and adult vocational education
 - teaching and learning services, including services for students with special talents and special needs

- □ employee personnel services
- □ vocational rehabilitation
- □ health, diagnostic, and child development services and centers
- leadership or direction in early childhood and family education
- □ community services
- □ shared time programs
- □ fiscal services and risk management programs, including health insurance programs providing reinsurance or stop loss coverage
- technology planning, training, and support services
- □ health and safety services
- □ student academic challenges
- □ cooperative purchasing services
- 5. How does the proposed project promote and align with Sourcewell's statutory purpose of providing programs and services as identified in question 4.

Budget information

6. Complete the table below to identify the source of funds for your project.

Rev	venue sources (not including in-kind)	Amount
1.	Sourcewell	
2.		
3.		
	Total	Ş

7. 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	\$

Certification

Initial next to each statement indicating that you have read and understand the following.

_____ I certify that I have the authority to apply for funding in the amount requested.

_____ 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.

_____ I acknowledge that if funding is awarded pursuant to this application, my entity will execute the Sourcewell funding agreement prior to receiving or expending any funds.

_____ I certify that no funds awarded as a result of this application will be used for any of the ineligible activities outlined in the eligibility requirements.

_____ I acknowledge that we are not applying for any other Sourcewell funding to cover the remaining costs.

______ Upon receipt of an award, Sourcewell may create, obtain, and use photographs, videos, and audio recordings or other media (collectively "Data") related to the project and its promotion. This Data may be used for the purposes of communicating to the public about Sourcewell programs, services, and activities and for the creation of print, online, and video-based marketing materials, publications, and training content. As part of the agreement, Sourcewell may seek consent for the creation and use of such Data on a project-by-project basis.