

## **WEST CENTRAL INITIATIVE COMMUNITY PLANNING GRANT PROGRAM**

The Community Planning Grant Program makes grants of up to \$10,000 to cities, counties or townships to develop a plan for taking coordinated community action. This is an open grant program, meaning applications may be submitted at any time, provided West Central Initiative has funds available. Applicants may contact West Central Initiative planning or program staff to discuss current availability of funds.

The project must represent a broad-based effort that bring citizens together to identify their community's resources and plan action that enhances their community's development and ability to address critical issues.

### **GENERAL GUIDELINES**

Eligible proposals generally must:

- Spring from a need to develop a community consensus or shared vision for addressing a critical issue within the community;
- Address a critical need within WCI's service region (Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, and Wilkin counties of Minnesota, including White Earth Nation communities);
- Be submitted by a City, County or Township;
- Demonstrate commitment and interest from a broad-based group which is representative of the various stakeholders in the project;
- Secure one dollar of cash or in-kind match for every two dollars requested from WCI. Preference will be given to projects that have secured cash match; and
- Must have an end-result of a documented plan.

### **INSTRUCTIONS**

Please complete the attached form. Please call us at 1-800-735-2239 or send e-mail to [jill@wcif.org](mailto:jill@wcif.org) with any questions about this application. Send the completed application to:

West Central Initiative  
Attn: Jill Amundson  
PO Box 318  
Fergus Falls, MN 56538-0318

### **DEADLINES**

Requests are accepted any time and will usually be processed within three weeks. Requests must be made with enough lead time for WCI to make a final decision concerning funding before any costs are incurred.

Expires 6/30/2020

**West Central Initiative  
COMMUNITY PLANNING GRANT**

**APPLICANT**

Name of applicant/lead entity:

Address:

City:

State:

Zip code:

Telephone:

Contact person:

Title:

Telephone:

Email:

Type of organization:     City                       County                       Township

Applicant's federal tax identification number:

**PROJECT INFORMATION**

Name of Project

TOTAL PROJECT COST    \$

Cash requested of WCI    \$

Cash from all other sources    \$

In-kind from all other sources    \$

Project Period:                      From:    To:

Number of organizations participating in or benefiting from this project:

Number of participants expected to be involved in this project:

**CERTIFICATION**

I certify that the information contained in this grant application is true and correct to the best of my knowledge and belief, and that I have the authority to apply for the funds requested:

Signature:

Title:

Date:

While you may use a different form for communicating the proposed budget, it is important that the format include both cash and in-kind costs and sources of funds.

**PROPOSED BUDGET**

<b>ESTIMATED PROJECT COSTS</b>	<b>CASH REQUESTED OF WCI</b>	<b>CASH FROM APPLICANT &amp; OTHER SOURCES</b>	<b>IN-KIND FROM APPLICANT &amp; OTHER SOURCES</b>	<b>TOTAL PROJECT</b>
Salaries and benefits				
Consulting fees				
Meeting expenses				
Travel for participants				
Travel for staff/consultants				
Communications (postage, printing, telephone, etc.)				
Other: (specify)				
Other: (specify)				
Other: (specify)				
Other: (specify)				
<b>TOTAL COSTS</b>				
<b>SOURCES OF FUNDS FOR PROJECT</b>	<b>CASH</b>		<b>IN-KIND SUPPORT</b>	<b>TOTAL PROJECT</b>
Request of WCI				
Applicant				
Other: (specify)				
Other: (specify)				
Other: (specify)				
<b>TOTAL SOURCES OF FUNDS</b>				

**PROGRAM NARRATIVE**

**PROJECT DESCRIPTION AND NEED**

Why is the proposed project needed? What is the specific problem or issue your project is designed to address?

How do you propose to conduct the project? Please include an overview of action steps and the timeline for completion.

Do you expect to hire any staff or consultants to assist you with the project? If yes, have potential staff or consultants been identified? Who are they?

**PROJECT PLANNING AND NETWORKING**

Who has been involved in identifying the need for this project and in developing this application? Briefly describe their role.

How is this group representative of the stakeholders in this issue?

How will you encourage all stakeholders and other interested parties to participate in the project?

**FINANCIAL NEED AND RESOURCES**

How will the funds requested from WCI be used?

Has other financial support been pledged to this project? If so, how much and by whom?

Have non-cash resources been pledged to the project (staff time, space, etc.)?

Have there been other sources of cash explored for the continuation of the project at a future date (revenues, tax levies, government grants or loans, etc.)? If so, how much and what source?

**ATTACHMENTS**

Please attach one copy of the following to your application:

1. Required: A resolution from applicant's governing body or letter from its chief elected or administrative official authorizing application for funds.
2. Required: DEI Information worksheet (following page)
3. Recommended: Copies of any letters or agreements documenting participation of others currently involved with the project, and/or general letters of support from community organizations/entities.
4. Recommended: A list of the names, addresses, and affiliations of the governing body of the applicant and of any other committee or advisory or governing body specific to this project.

**DEI INFORMATION    REQUIRED BEFORE FINAL SUBMISSION**

WCI is committed to addressing disparities and inequities within our organization and through our work. As a result, WCI is attempting to assess ourselves. To do that, we are asking you to provide us information about your organization’s make-up. Please answer the questions below to the best of your ability.

Responding to these questions is required as part of the grant application. However, your responses will not affect your eligibility for funding nor the amount of your award. WCI is simply collecting information for the purpose of measuring our effectiveness at serving every person within the region.

If you would like to learn more about diversity measures of the region or your specific geography, we highly encourage visiting the Minnesota State Demographic Center’s website: <https://mn.gov/admin/demography/data-by-topic/age-race-ethnicity/>

Here is a link to diversity, equity and inclusion definitions that you may find helpful: [www.wcif.org/dei-definitions.html](http://www.wcif.org/dei-definitions.html)

**Applicant Information**

Does your organization currently collect demographic data for board and/or staff?

Board: Y N                      Staff: Y N

How many individuals serve on the board of your organization? \_\_\_\_\_

How many staff does your organization employ? \_\_\_\_\_

Please indicate the number of board and staff that identify as each of the following or choose the “unknown” option. Here is a link to Diversity, Equity and Inclusion definitions that you may find helpful: [www.wcif.org/dei-definitions.html](http://www.wcif.org/dei-definitions.html)

<b>GENDER</b>	<b>Number of Board Members</b>	<b>Number of Employed Staff</b>
Women		
Men		
Transgender		
Gender Non-Conforming/Non-Binary/Queer		
Unknown		

<b>Sexual Orientation</b>	<b>Number of Board Members</b>	<b>Number of Employed Staff</b>
Lesbian/Gay/Bisexual/Queer		
Heterosexual		
Unknown		

**Race/Ethnicity****Number of Board  
Members****Number of  
Employed Staff**

<b>Race/Ethnicity</b>	<b>Number of Board Members</b>	<b>Number of Employed Staff</b>
African American/African Black		
American Indian/Alaskan Native		
Arab American/Middle Eastern/North African		
Asian/Asian American		
European American/White		
Hispanic/Latinx/Chicano/Chicana		
Native Hawaiian/Pacific Islander		
Other		
More than one		
Unknown		

**Disability****Number of Board  
Members****Number of  
Employed Staff**

<b>Disability</b>	<b>Number of Board Members</b>	<b>Number of Employed Staff</b>
One or more known disabilities		
No Disabilities		
Unknown		