**2022 Pembina County Self Help Program Application**

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| **DATE:** | Click or tap here to enter text. |
| **CITY:** | Click or tap here to enter text. |
| **COUNTY:** | Click or tap here to enter text. |
| **ADDRESS:** | Click or tap here to enter text. |
| **CONTACT NAME:** | Click or tap here to enter text. |
| **CONTACT PHONE NUMBER:** | Click or tap here to enter text. |
| **CONTACT EMAIL:** | Click or tap here to enter text. |
| **APPLICATION PRIORITY (1 or 2):** | Click or tap here to enter text. |

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| **1. Total amount of funds requested (not to exceed $1,500 or 50% of total project cost):** | Click or tap here to enter text. |
| **2. Estimated total project cost:** | Click or tap here to enter text. |
| **3. Brief description and location of project:** | Click or tap here to enter text. |
| **4. Are match funds committed to this project? (Please explain)** | Click or tap here to enter text. |
| **5. Amount of local funds distributed as of the date of this application:** | Click or tap here to enter text. |
| **6. Has an agreement been reached with an agency, individual, or organization for operation and maintenance of this project once completed? (Please explain)** | Click or tap here to enter text. |

A COPY OF THE MEETING MINUTES WHEREBY THE APPLICANT AUTHORIZED THE ABOVE-MENTIONED PROJECT AND PLAN TO SEEK SELF HELP FUNDS MUST BE INCLUDED WITH THE APPLICATION.

**Application and supporting documentation are due December 15, 2022.**