

# 2021 Pembina County Self Help Program Application

<b>DATE:</b>	
<b>CITY:</b>	
<b>COUNTY:</b>	
<b>ADDRESS:</b>	
<b>CONTACT NAME:</b>	
<b>CONTACT PHONE NUMBER:</b>	
<b>CONTACT EMAIL:</b>	
<b>APPLICATION PRIORITY (1 or 2):</b>	

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

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, 2021.**