

# 2024 WALSH COUNTY SELF-HELP PROGRAM

## APPLICATION

DATE:
NAME OF CITY:
COUNTY:
ADDRESS:
CONTACT NAME:
CONTACT PHONE NUMBER:
CONTACT EMAIL:

1. Total amount of money requested (not to exceed \$1,500 or 50% of total project cost):	
2. Estimated total cost of project:	
3. Give a brief description and location of the project:	
4. Are match funds committed to this project at this time? (Please explain)	
5. Amount of local funds distributed as of date of application:	
6. Do you anticipate an agreement with another agency, individual, or organization for operation and maintenance of the project once it is completed? (If yes, please explain)	

A COPY OF A RESOLUTION OR MINUTES OF THE MEETING 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 16, 2024.**