

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: April 8, 2021 Weekly Agenda Date: April 13, 2021

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: Dennis Butler/County Attorney

WORDING FOR AGENDA ITEM:

- a.) Approval of Woodbury County Nonprofit Funding Request and Assurances Document
- b.) Discussion and Action on Process for Review/Approval of Nonprofit Funding Requests

ACTION REQUIRED:

- | | | |
|--------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| Approve Ordinance <input type="checkbox"/> | Approve Resolution <input type="checkbox"/> | Approve Motion <input checked="" type="checkbox"/> |
| Give Direction <input type="checkbox"/> | Other: Informational <input type="checkbox"/> | Attachments <input checked="" type="checkbox"/> |

EXECUTIVE SUMMARY:

This proposed attached form addresses the issues raised at the 4/6/21 BOS meeting concerning nonprofit funding requests.

BACKGROUND:

Before the BOS can provide funding to a nonprofit organization, the BOS must determine the public purpose for the expenditure and provide a mechanism to retain oversight of any County funds expended. The attached funding request and assurances document should assist the Board in meeting those requirements.

FINANCIAL IMPACT:

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes No

RECOMMENDATION:

Approve the attached form if it meets the approval of the Board.
Require nonprofits to complete the form and receive approval by the Board prior to receiving funding.

ACTION REQUIRED / PROPOSED MOTION:

- a.) Motion to Approve the Woodbury County Nonprofit Funding Request and Assurances document
- b.) Motion to Require Nonprofits to Complete the Woodbury County Funding Request and Assurances document and gain Board approval prior to release of funding.

Woodbury County Nonprofit Funding Request

Organization Name: _____

Are you a registered not-for-profit organization? Yes _____ No _____

Organization Mailing Address: _____

Program or Project Name: _____

Contact Person: _____

Title: _____

Telephone: _____ E-Mail _____

Dollar Amount Requested: _____ County Fiscal Year _____

Total Program/project Cost: _____

Will County funding be leveraged with matching funds from another source? Yes _____ No _____

Summary of Funding Request and Project Goals and Objectives: _____

Describe the Public Purpose(s) that will be served by the funding: _____

Provide an Itemized Program/Project Budget Showing How the Funds will be expended: _____

Attach additional pages if needed to fully answer any of the questions on this application

ASSURANCES FOR WOODBURY COUNTY FUNDING

This signed page must accompany your funding request

The applicant hereby agrees and acknowledges that:

- (1) If awarded funds, the applicant will conduct operations in accordance with Title VI and the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, as amended, which prohibits discrimination against any employee, applicant for employment, or any person participating in a sponsored program on the basis of race, creed, color, national origin, religion, sex, age, sexual orientation, or physical or mental disability, and require compensation for employment at no less than the minimum wage requirements and will provide safe and sanitary working conditions;
- (2) The applicant will expend funds received from Woodbury County solely for public purposes on the program or project described in the funding request;
- (3) All unexpended funds received pursuant to this request shall be returned to Woodbury County;
- (4) This funding request and assurances document has been approved by the legally authorized governing body of the applicant, if applicable;
- (5) The facts, figures, and information contained in this funding request, including all attachments, are true and correct;
- (6) Failure to comply with the rules for this program and this assurances agreement will result in the penalty of funding forfeiture and funds received during the applicable fiscal year shall be returned to Woodbury County;
- (7) At any time, the Board of Supervisors may require a representative from your organization to attend a public meeting to report progress toward completion of your program or project; and
- (8) Applicant will, upon request by Woodbury County, provide an accounting of all expenditures of Woodbury County funds and further provide any other documentation deemed necessary by Woodbury County to provide oversight for the funds. Failure to timely comply with requests from the County under this paragraph will result in suspension of funding.

Name of Organization

Signature of Board President

Date

Signature of Executive Director (if applicable)

Date