# **Outreach and Inclusion Reimbursement Program Application**

The DFL Outreach and Inclusion Reimbursement Program aims to provide funds to support efforts by party units and community caucuses to increase political participation in underserved and underrepresented communities. There is money set aside to be shared by organizing units in each congressional district, as well as for Community Caucuses in good standing to use on statewide initiatives. These grants do not replace regular fundraising, instead, they are there to support new efforts to engage communities.

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| **Submission Deadline** | **Review Date** |
| March 2nd | March 8th - March 12th |
| June 1st | June 7th - June 11th |
| September 7th | September 13th - September 17th |

**PROCESS:**

1. Applicants need to fill out this application in its entirety. It should be submitted prior to your program starting for the best chance of success in getting approved. **Completed applications can be sent to the Deputy of Party Affairs Director, Bahea Manasra** @ [bmanasra@dfl.org](mailto:bmanasra@dfl.org)
2. After submission, you will receive a response confirming your application was received.
3. Your grant will be considered at the next grant review. You are welcome to attend and present your plan. **Please notify Bahea if you would like to attend the review of your application.**
4. If your proposal is accepted, you will need to keep all receipts to be reimbursed and fill out a reimbursement form. (You may only request reimbursements totaling the amount approved in advance)
5. Following your project, you will schedule a meeting with state party staff to submit your receipts and reimbursement form, you should also come prepared to discuss the program you ran and the next steps to keep building on your work.

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| **Unit Information** |

**CRITERIA FOR COMPLETING THIS SECTION:**

1. Applicants must be a member of the Organizing Unit/Community Caucus for which you are applying on behalf.

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| **Congressional District:** |  |
| **Organizing Unit/Community Caucus Name:** |  |
| **Chair First Name:** |  |
| **Chair Last Name:** |  |
| **Chair Email Address:** |  |
| **Chair Phone Number:** |  |
| **Treasurer First Name:** |  |
| **Treasurer Last Name:** |  |
| **Treasurer Email Address:** |  |
| **Treasurer Phone #:** |  |

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| **Project Information** |

**CRITERIA FOR COMPLETING THIS SECTION:**

1. Applicants must be a member of the Organizing Unit/Community Caucus for which you are applying on behalf.
2. Ensure the anticipated start date for the project is after the application deadline.

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| **Project Manager First Name:** |  |
| **Project Manager Last Name:** |  |
| **Project Manager Email Address:** |  |
| **Project Manager Phone Number:** |  |
| **Please list the names of other project members:** | * **Name 1** * **Name 2** |
| **Project Anticipated Start Date: (*Please see criteria above)*** |  |
| **Project Anticipated End Date:** |  |

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| **Project Description & Plan** |

**CRITERIA FOR COMPLETING THIS SECTION:**

1. Applicants must be a member of the Organizing Unit/Community Caucus for which you are applying on behalf.
2. Project Plan needs to be presented with as much detail as possible. Ensure you are clearly laying out your project and how it will benefit the community you represent.

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| **Project Name & Purpose:** |  |
| **List and describe goals project aims to accomplish:** | * **Goal 1:** * **Goal 2:** * **Goal 3:** * **Goal 4:** |
| **List and describe the specific needs of the project:** | * **Need 1:** * **Need 2:** * **Need 3:** * **Need 4:** |

**Additional project details can be listed in text box below:**

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| **Grant Program Qualifications** |

**CRITERIA FOR COMPLETING THIS SECTION:**

1. Applicants must be a member of the Organizing Unit/Community Caucus for which you are applying on behalf.
2. Project Plan needs to meet program requirements in order to be eligible.

**How will this project increase political participation among underserved and underrepresented constituencies? (***please be specific)*

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**The purpose of this grant is to offer short term reimbursement funding for this project. After the reimbursement period has been completed, how will the project manager ensure this initiative supports long term growth of outreach and inclusion efforts? (***please be specific)*

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| **Project Budget** |

**CRITERIA FOR COMPLETING THIS SECTION:**

1. Applicants must be a member of the Organizing Unit/Community Caucus for which you are applying on behalf.
2. If approved, reimbursement will be given after receipts are submitted along with an expense reimbursement form. **The MN DFL will not provide any upfront costs.** 
   1. Is your organizing unit/community caucus prepared to take care of the upfront costs? If ‘no’, you would then not be eligible for reimbursement.
3. Costs not covered include food, staff, and mileage below 50 miles. We can reimburse for mileage, if it is above a 50-mile radius.

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| **Budget Item** | **Expected cost of item** | **Organizing Unit/Caucus Contribution** | **Amount Requested for Reimbursement** |
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**TO REVIEW BEFORE SUBMITTING APPLICATION:**

1. Did you fill out all the fields completely and accurately?
2. Did you review the criteria to be eligible to apply for this reimbursement program?
3. Did you agree that your organizing unit/community caucus will provide the upfront costs?
4. Did you reach out to the Party Affairs department if you had any questions regarding any of the application steps?