



Willits Economic Localization

P.O. Box 42, Willits, CA 95490 (707) 459-1256 Fax (707) 459-0366

office@willitseconomiclocalization.org

www.willitseconomiclocalization.org

WELL MidWIFE Program

Willits Economic Localization is not simply an organization or a group of people collected under a name. It is the actual process of altering our community in positive ways that make it more locally self sufficient and ecologically sustainable. WELL, the organization, seeks to facilitate and encourage those changes whenever and wherever they occur. If we can help to publicize an event to increase attendance, or publicize a project to encourage participation, we want to do that. We do not want to take credit for your hard work; we do want to lend our assistance wherever it is helpful.

To that end, WELL has created the WELL MidWIFE Program (MWP). We call it that to use the acronym **WIFE**: **W**atchdog (for threats and opportunities), **I**ncubator (of projects no one else is doing), **F**acilitator (lending assistance to other organizations and their projects), and **E**ducator (informing the public and public officials of important issues). We call it MidWIFE, because this nurturing individual helps in the birth of many, but does not own the children born.

Through the MWP we want to give small grants (from \$50 to \$2,000) to organizations and projects in our town that are working towards the same vision that we are, **an enduring local economy that provides health and security for our community**. We are starting with a small fund based on our current cash flow; we are seeking to supplement this start with gifts and donations from within our community and from philanthropic foundations outside of our community.

Attached is an application and process description for the MidWIFE Program. If you, or some group that you know, is working towards a Localized, Sustainable Willits and needs a little funding to make something happen, please get them a copy of this packet. If you, or someone you know, would like to contribute to this fund, please contact the WELL office to make a contribution.



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The WELL MidWIFE Program (MWP) shall distribute funds up to the amount budgeted on a semiannual schedule commencing October 1, 2007 and subsequently at the beginning of the 2nd and 4th Quarters of each Calendar Year. The budget shall consist of funds allocated by the Coordinating Committee from the general budget of WELL supplemented by gifts and donations restricted by the donor to the WELL MWP. The deadline to apply for MWP grants shall be the 15th of August and the 15th of February of each year. The Coordinating Committee shall determine the budget for each distribution by the 15th of August and the 15th of February of each year as well.

Application Process

1. Each applicant shall fill out and submit the attached application form and any pertinent attachments to the WELL office by the deadline for any given distribution.
2. The WELL Office Staff will schedule a presentation of the project by the applicant to the Coordinating Committee.
3. The applicant will present the project to the Coordinating Committee as well as supplying any further information or clarifications the Committee may request.
4. The Coordinating Committee shall, subsequently and in private, discuss the projects and assess them points according to the following criteria:
 - a. Alignment with the Vision and Mission of WELL.
 - b. Alignment with the current Annual Strategic Plan.
 - c. WELL's capacity to administer the Grant.
 - d. The extent to which the project fills a need in the community
 - e. Cost versus benefit of the project as presented.
5. MWP funds will be granted based on the following:
 - The points assessed
 - The amount of MWP funds budgeted and available for distribution.
 - The amount of the grant requested.

Some projects may be denied altogether if they fail any or all of the criteria listed in 4. Other projects may receive an amount less than requested if the monies requested for the projects deemed worthy of support exceed the MWP funds available. Money that is not distributed in one granting period will be added to a subsequent granting period.

WELL encourages members of our community to contribute to the WELL MidWIFE Fund so that WELL can better assist the members of our community to bring Economic Localization to reality in our community.



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Prior to distribution of funds an agreement shall be signed by the grantee and WELL defining the exact relationship between WELL and the grantee in these particulars:

- a. The legal entity status of the applicant (individual, unincorporated association, partnership, corporation, or non-profit corporation).
 - b. What administrative duties shall be required of WELL and of the applicant respectively.
 - c. What status reports shall be required of the applicant to inform WELL of the effectiveness of the Project and of the Grantee's compliance with the nonprofit nature of the Grant.
 - d. The amount of the Grant and whether the money will reside in the bank account of WELL or with the applicant until spent.
6. The money shall be either moved to a fund within WELL's accounting records for use by the applicant according to the signed agreement, or shall be disbursed to the applicant according to the signed agreement.
 7. The status reports required by the signed agreement shall be submitted to the WELL office on the schedule detailed in the agreement and containing the data required.



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				/	/
Name of Applicant				Date of Application	
Mailing Address	City	State	Zip	Phone	
Physical Address	City	State	Zip	Phone	
Contact Person #1 - Title	Daytime Phone	Mobile Phone		Fax	
Contact Person #2 - Title	Daytime Phone	Mobile Phone		Fax	
Legal Entity Status of Applicant: Individual <input type="checkbox"/> Unincorporated association <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Corporation					
Mission of Applicant:					
Amount of Midwife Funds Requested		\$	Date Required	/	/
Describe in detail what the funds will be used for the expected timetable of expenditures: <i>Though you may attach other pages as necessary, please include at least a brief description and timetable in this space.</i>					
Signature of Applicant or Officer - Date			Printed Name of Officer & Title		
Space below for office use only					
Date Received	/	/	Date Accepted	/	/
Date Presented	/	/	Date Notified	/	/
Accepted / Rejected / Modification Required / Further Information Required					
/	/				\$
Funds Dispersed:	Ck #	Issued to		Amount	
/	/			\$	
WELL Fund Created	Account # & Name				Amount
Date Contract Written	/	/	Date Contract Signed	/	/