

Eagan Community Foundation Grant Application

The Eagan Community Foundation is committed to making Eagan a better place to live, learn, work, and play, for all. The challenges of the pandemic have hit hard in communities served by the organizations that have historically received grants from the Eagan Community Foundation. We understand that the nonprofit organizations serving these communities face challenges both in meeting increased needs and also additional challenges in fundraising. Many people disproportionately affected by the pandemic may face additional challenges due to economic or racial inequity.

The Community Grants program is now open for applications:

1. **All applications must be received by Monday, March 18, 2024** (postmarked or emailed)

Applications should be emailed to jamie.hopkins@EaganFoundation.org. They must be:

- Sent as a **single attachment** in either PDF or Word format
- Include the name of the organization applying in the name of the attachment file

Applications may also be mailed. If mailed, they should be mailed to: **Eagan Community Foundation, P.O. Box 211192, Eagan, MN 55121** and must be:

- Single sided
- Not stapled
- Pages numbered

2. **Decisions will be announced in early April 2024.** Recipients will be recognized at a Community Grants event which will be held the morning of Thursday, April 25.

3. Please read the [Eagan Community Foundation's Grant Request Policy](#) before filling out the application. This will help you prepare a complete application and will answer questions that are responsive to the award criteria.

4. Complete the Grant Application Cover Sheet

5. Request must be typed, no more than 2 pages, following this outline and providing the following information:

a. Organizational History, Mission and Programs

- i. Summary of your organization's background, mission and goals.
- ii. Description of your organization's current programs or activities, including any service statistics and strengths or accomplishments.

- iii. How does your organization address racial inequality and/or social injustice either within your organization or within the community?
- iv. How does your organization work to reach a diverse group of community members to participate in or benefit from your programs?
- v. Do you partner with other nonprofits in the Eagan community? If so, please list one or two of the partnerships you consider to be the most impactful/beneficial to your clients and/or mission?
- vi. Is there anything else you would like to share about your organization?

b. Purpose of Grant

- i. Please describe the project for which you are seeking funds.
- ii. Who are the specific audiences or beneficiaries of this project?
- iii. Please describe your criteria for success.
- iv. How will you measure the results?

6. All applications must include a copy of:

- a. Completed Grant Application Cover Sheet
- b. Funding Request Outline (see #5 above)
- c. Organizational budget for current year
- d. Project budget for current year
- *e. List of board members or officers, their affiliations, addresses, phone numbers, and demographic information, if available
- *f. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status
- *g. Summary of past year's activities or copy of current annual report

*School groups without an independent nonprofit status may skip questions e - g.

7. Outside of this grants process, we would also like to recognize a non-profit that serves Eagan and that develops effective and strategic partnerships with other non-profits in the community. Is there a non-profit you would like to nominate? In two or three sentences, please briefly explain why.

Thank you!

GRANT APPLICATION COVER SHEET

Organization Information

Name of organization Legal name, if different

[Text here]

Is your organization a 501(c)(3)?

Yes No

Tax/Employer Identification Number (EIN)

[Text here]

Address City, State, Zip

[Text here]

Name of organization's top official and title

[Text here]

Top Official's contact information (telephone and email)

[Text here]

Name of key contact for this proposal

[Text here]

Key Contact's telephone and email

[Text here]

Proposal Information

Please give a 2-3 sentence summary of request:

[Text here]

Population served: [Text here]

Geographic area served: [Text here]

Funds are being requested for (check one):

General Operating: Project/program support Purchase of Material

Project dates (if applicable): [Text here]

Fiscal year end: [Text here]

Budget Information

Dollar amount requested: \$[Text here] **Total annual organization budget:** \$[Text here]

Total project budget (for support other than general operating): \$



Investing together in Eagan's future with community connections, grants & scholarships.

Authorization

By signing this application this affirms that our organization does not discriminate on the basis of age, race, color, religion, sexual orientation, disability, marital status or national origin in any of its activities or operations.

Authorized Representative Name: [Text here (typed/not signature)]

I submit this application on behalf of the organization.

Signature: _____

Title: _____

Date: _____