



ORGANIZATION INFORMATION

1. Name of Organization:

2. Legal Name (if different):

3. Primary Contact Person:

Name: _____

Phone: _____

Email: _____

4. Organization Address:

5. Website:

6. Total Annual Budget:

\$ _____

(Please attach current financial statements.)

7. Rotary Affiliation:

Are any of your board members, employees or volunteers members of the Eagan Noon Rotary Club?

☐ Yes ☐ No

If yes, please list their names:

PROPOSAL INFORMATION

8. Community Impact

How will this project or initiative benefit the Eagan community and/or the greater Dakota County area?

(Please describe expected outcomes and benefits.)

9. Opportunity / Need Statement

Tell us about the opportunity, challenges, issues or needs your proposal addresses — and the community it serves.

GRANT REQUIREMENTS

Proposals are encouraged to be:

- Community-driven (focused on Eagan or surrounding communities)
- Respectful and reflective of the area's tradition and culture
- Able to demonstrate a measurable impact from grant funds
- Earmarked for nonprofit service organizations

RESTRICTIONS

Grant funds **may not** be used to:

- a)** Unfairly discriminate against any group(s)
- b)** Promote a particular political or religious viewpoint
- c)** Support purely political or religious functions
- d)** Fund the purchase of:
 - Firearms or ammunition
 - Land, buildings, or facility improvements
 - Fundraising activities
 - Public relations or marketing activities not essential to program delivery

Funds must be used **solely to support the needs of the clientele** described in your application.

APPLICATION SUBMISSION DETAILS

All grant applications are due by **midnight on Thursday, October 31**. Please submit your completed application as one PDF file, including all required attachments, via email to johnrhody@gmail.com. For questions or additional information, please call John Rhody at 651-485-9179.

GRANT AWARD PRESENTATION

Grant recipients will be recognized and presented with their checks during the Eagan Rotary meeting on beginning at 12 pm on Wednesday, December 3, at the Lost Spur Golf and Event Center, 2750 Sibley Memorial Hwy, Eagan, MN. Attendance is required — recipients (or an official representative from the organization) must be present at the meeting to receive their grant checks. No exceptions will be made.

SIGNATURE AND AUTHORIZATION

I certify that the information provided in this application is true and accurate, and that grant funds, if awarded, will be used in accordance with the stated requirements and restrictions.

Authorized Signature: _____

Title: _____

Date: _____