



# EAGAN KICK START ROTARY

Eagan Kick Start Rotary Foundation -District 5950

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## GRANT APPLICATION

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Eagan Kick Start Rotary Foundation is a 501(C)(3) and a local chapter of the broader Rotary International organization. We serve the Eagan Community with Service above Self. We are interested in hearing how we can partner with you and help your cause/business/event support the community.

Date of application: \_\_\_\_\_ Application submitted to: \_\_\_\_\_

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## ORGANIZATION INFORMATION

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Name of organization include legal name if different: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact person regarding this application: \_\_\_\_\_

Is your organization an IRS 501(c) (3) not-for-profit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, list name and address of fiscal agent along with fiscal agent's EIN number:

\_\_\_\_\_

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## PROPOSAL INFORMATION

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Please provide a 2-3 sentence summary of request. If more room is required attach additional page:

\_\_\_\_\_

Population served (check one): Eagan \_\_\_\_\_ Dakota County \_\_\_\_\_ Seven County metro area \_\_\_\_\_

Funds being requested for (check one): General operating support \_\_\_\_\_ Start-up Costs \_\_\_\_\_

Capital needs \_\_\_\_\_ Project/program support \_\_\_\_\_ Other (describe) \_\_\_\_\_

Date request is desired: \_\_\_\_\_ Fiscal Year end: \_\_\_\_\_

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**BUDGET**

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Dollar amount requested: \$ \_\_\_\_\_

Total annual organization budget: \$ \_\_\_\_\_

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

**AUTHORIZATION**

Name and title of top paid staff or board chair: \_\_\_\_\_

Signature: \_\_\_\_\_