DE Eagles Foundation Request for Grant Funds

Organization Nar	me:			
Address:		City:	State:	Zip:
Phone:	Contact Name:	Email Address:		
Amount Request	:			
	Descr	ription of Project c	or Use	
Briefly describe t	the project and/or how the	e grant funds will b	e used?	
Total Cost of the	project:			
How will the diffe	erence be raised or obtain	ed?		
How long has thi	s project been planned?			
Please describe t	the timeline or schedule fo	r the project and c	omplete:	
What is the bene	efit of these funds and wha	it is the expected in	mpact?	

If the funds will go toward a program or team please answer the following questions: Name of club, program, or team: _____ Length group, program, or team has been in existence: Number of participants in program or team: Age level of program or team members: Low Income Assistance Offered or Accommodated (if so how): Overseeing Organization: Have you discussed this purchase with your direct supervisor in organization? Is this request beyond the scope of the normal organizational budget? Has a request been made as part of another budget, such as athletic? Was it denied by administration for a reason other than financial concerns? If buying a physical item are their storage concerns? ______ Are any other organizations being solicited for funds for this project? Include amount(s) requested? During the year, the Dover-Eyota Eagles Foundation needs volunteers for events or projects. The Foundation asks that members of your organization consider volunteering in these activities.

Thank you for completing the application. Please return this form completed application by mail or email to: Dover-Eyota Public Schools
Attn: Dover-Eyota Eagles Foundation
615 South Ave SW
Eyota, MN 55934
DEEaglesFoundation@gmail.com

Printed Name and Signature _____