



EAGLE COMMUNITY FOUNDATION

Grant Application

660 E Civic Lane /P.O. Box 1520

Eagle, ID 83616

APPLICANT MUST HOLD 501(c)3 TAX-EXEMPT STATUS

Name: _____

Address: _____

Telephone Number: _____ **E-Mail (optional)** _____

Project Description: _____

Explain how this project will benefit the Eagle community and who specifically will benefit from this project:

Explain how: _____

Time frame of project: _____

Items to be purchased from grant funds (list items, cost and total): _____



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Is this project eligible for matching funds from another source? Yes _____ No _____

If yes, from what source? _____

What amount of matching funds is available? _____

What is the nature of your involvement in this project?

How will you evaluate the effectiveness of this project? _____

GRANT DISTRIBUTIONS FROM THE FUND MUST BENEFIT CHARITABLE ORGANIZATIONS, PROJECTS, AND/OR ACTIVITIES IN EAGLE. BENEFICIARIES MUST HOLD TAX-EXEMPT STATUS UNDER IRS CODE SECTION 501 (C) OR BE A PUBLICLY SUPPORTED SCHOOL OR GOVERNMENTAL ENTITY.

**Complete the above information and submit to
Eagle City Hall at 660 E. Civic Lane, Eagle, ID 83616**

By April 15, 2019

For further information contact Eagle City Clerk's Office at 939-6813