Community Charitable Donation Request

EAGAN HOCKEY ASSOCIATION • COMMUNITY GIVING PROGRAM

This request provides the EHA Board of Directors with the information necessary to fairly and consistently evaluate your funding request and understand your organization's Recognition Plan for EHA's Charitable Gambling Partners.

SECTION A • ORGANIZATION INFORMATION

Organization Name

Organization Website

Primary Contact

Title / Role

Email Address

Phone Number

Mailing Address

If funding is awarded, who should the check be made payable to?

SECTION B • FUNDING REQUEST

Amount Requested

Please describe your funding request and how your organization intends to use the requested funds.

Community Charitable Donation Request

EAGAN HOCKEY ASSOCIATION • COMMUNITY GIVING PROGRAM

SECTION C • ABOUT YOUR ORGANIZATION

Please tell us about your organization or program, including your mission, the programs or services you provide, and any additional information that will help the EHA Board of Directors better understand your organization.

SECTION D • RECOGNITION PLAN

Recognition & Support of EHA's Charitable Gambling Partners

Organizations receiving funding are expected to make a reasonable, good-faith effort to recognize and promote EHA's Charitable Gambling Partners in a manner appropriate for their organization.

- ☐ Website recognition
- ☐ Event signage
- ☐ Public announcements
- ☐ Hosting meetings or events at partner establishments
- ☐ Social media posts
- ☐ Printed materials or programs
- ☐ Promotional partnerships
- ☐ Other creative recognition or promotional opportunities

Please describe your organization's Recognition Plan, including how you intend to recognize and support EHA's Charitable Gambling Partners if funding is awarded.

Community Charitable Donation Request

EAGAN HOCKEY ASSOCIATION • COMMUNITY GIVING PROGRAM

SECTION E • PREVIOUS PARTNERSHIP WITH EHA

Has your organization previously received funding through the EHA Community Giving Program?

☐ Yes ☐ No

If yes, please describe how your organization fulfilled its previous Recognition Plan by recognizing and promoting EHA's Charitable Gambling Partners. Please provide examples whenever possible.

SECTION F • OPTIONAL SUPPORTING DOCUMENTATION

Applicants may include supporting documentation they believe will assist the Board in understanding their organization or funding request. Examples may include event flyers, brochures, organizational information, annual reports, promotional materials, sponsorship opportunities, or other relevant documentation. Supporting documentation is optional.

SECTION G • APPLICANT CERTIFICATION

☐ I certify that the information provided is accurate and complete to the best of my knowledge.

☐ I understand that submission does not guarantee funding and the Board may approve full funding, partial funding, defer, or decline the request.

☐ If funding is awarded, our organization agrees to make a reasonable, good-faith effort to fulfill the Recognition Plan and recognize and promote EHA's Charitable Ga

Authorized Representative

Title / Role

Signature / Typed Name

Date

Electronic Submission

Submit the completed request and optional supporting documentation electronically to:

secretary@eaganhockey.com