

**RENVILLE COUNTY HRA/EDA  
Community Impact Fund Application**

**Applicant information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

**Project Information:**

Project Title \_\_\_\_\_

Project Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_

Please provide a brief summary of the project:

How will this project enhance your community?

Total Project Cost: \$ \_\_\_\_\_

Grant Funding Request: \$ \_\_\_\_\_

**Funding sources for project (loans, grants, in-kind, and/or business funds)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Amount \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Amount \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please submit completed application to: Renville County EDA, 105 South 5<sup>th</sup> Street, Suite 311, Olivia, MN 56277 OR email to grants@renvillecountymn.gov\*\***