## **EDINA COMMUNITY FOUNDATION**

Connect Card Agreement

-	<b>coundation (ECF),</b> a Minnesota non profit corporation located at x-exempt public charity under Section 501(c)(3) of the Internal
Revenue Code, and	(your group name),
	(type of organization), located at
	(address), Edina MN 554
<ul> <li>Connecting With Kids mission to bring together commbecome healthy, productive adults. The basic element</li> <li>To approve individual applicants who meet the guidelines as set forth by the Federal Government verified by presentation of 1040 Form or by p</li> </ul>	entation of the Connect Card program as part of the ECF's nunity organizations in a collaborative effort to help kids in need its of the program are:  The Connect Card guidelines. These guidelines echo the income ment for Free and Reduced Priced Meals. Information will be resentation of two other forms of verification as set forth on the
Connect Card participants	es and communicate that information jointly with ECF to potential youth with scholarship dollars already available in the Edina
<ul> <li>2. Partner shall be responsible for providing ECF with</li> <li>a) A completed application in substantially the form</li> <li>b) An annual report of Connect Card scholarship</li> <li>c) Desired term of the Connect Card Partnership</li> </ul>	orm attached s and total funds awarded
<ul> <li>3. ECF shall be responsible for providing a Connect Ca</li> <li>a) A confidential procedure throughout the year</li> <li>b) Determination of eligibility based on the attac</li> <li>c) Issuance of a Connect Card to eligible youth</li> <li>d) A confidential procedure for renewal for eligible</li> <li>e) No fee assessed to the Partner</li> <li>f) Respect for the Partner's autonomy as a sepa</li> </ul>	for online or mail registration with ECF ched guidelines ble youth (Connect Cards are good for two (2) years)
including feedback from participants and sugg	uencies about their participation in the ECF's Connect Card
5. This agreement is effective when signed by both pa either party with 30 days written notice to the other.	arties as of/20, and may be terminated by
EDINA COMMUNITY FOUNDATION	YOUR ORGANIZATION
By:	By:
Dick Crockett, Executive Director	Your Title:

## **EDINA COMMUNITY FOUNDATION**

## **CONNECT CARD APPLICATION**

ORGANIZATION:
ORGANIZATION WEBSITE:
CONTACT NAME:
TITLE (IF APPLICABLE):
TITLE (IF APPLICABLE):
Sign up open/close dates:
Season beginning/end dates:
Scholarship funds available for access with Connect Card / Per Child:
Other costs/considerations not covered by scholarship funds (approx.). Please provide information on items the child
would need that are not covered by scholarship funds (e.g. team assessment, warm-up suits, hotel stays, shoes, etc.):
How will your organization process Connect Card codes (e.g. use as coupon code or a secondary entry, etc.):
Information your organization needs from Edina Community Foundation:
C O M
Z V V

