

RED LAKE ELECTRIC TRUST
Post Office Box 430
Red Lake Falls, MN 56750

OPERATION “ROUND UP®” GRANT APPLICATION FORM

1. Name of Organization: _____

2. Date Organized: _____

3. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

4. Contact Person: _____

Name

Title

5. Phone Number: _____

Work

Home

6. What is the mission or purpose of your organization; i.e. what kind of services do you provide? _____

7. Is organization requesting funding exempt from payment of income tax under 501 (c)3 of the Internal Revenue Code?

Yes _____ No _____

8. A copy of financial statement(s) for most previous year should be provided. If not available attach a statement detailing revenue, sources of revenue, program expenditures, administrative expenses and cash/ assets on hand.

9. Approximate number of individuals, families or groups served in the Red Lake Electric Cooperative Cooperative service area of Pennington, Red Lake, Marshall (east half), and Polk (Parnell, Crookston, Fairfax, Kertsonville, Tilden, Grove Park, Badger, and Chester Townships).

_____ Individuals

_____ Families

_____ Groups

10. Does agency serve outside of the Red Lake Electric Cooperative service area as defined in #7?

Yes _____ No _____

Yes, please provide information on number served and location.

11. State Purpose of Organizations/Agency Request: (include amount requested and specifics of how funds will be used.

12. List other sources of funding for use of request as described in the above:

The information contained in this statement is for the purpose of obtaining funding from the Red Lake Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used to determine funding, and each undersigned represents and warrants that the information provided is true and complete and that the Red Lake Electric Trust may consider his statement as continuing to be true and correct until a written notice of a change is provided. The Red Lake Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE