



550 Ash Avenue NE, P.O. Box 431, Wadena, MN 56482
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www.toddwadena.coop

TODD-WADENA ELECTRIC COOPERATIVE COMMUNITY TRUST
OPERATION ROUND UP®



Amount Awarded: _____

OPERATION ROUND UP APPLICATION

(for office use only)

(Please type or print the application legibly)

The Operation Round Up guidelines can be viewed at www.toddwadena.coop/operation-round-up/

PROFILE INFORMATION:

Applicant Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Telephone: (____) _____

Email: _____

Has your organization ever received an Operation Round Up grant? If yes, when, and what was your project?

Tax Status: Check one Non-profit Government Organization School

If non-profit, is your organization hold a 501(c)(3) status? Yes No

PROJECT DESCRIPTION

Project Title: _____

Project Start Date: _____ Project End Date: _____ Amount Requested: \$_____

Statement of Project Purpose: *(If additional space is needed to indicate objective, please attach additional page.)*

Please break down the number of individuals, families or groups that this organization served last year in the following counties using the table below.

COUNTY	# SERVED	COUNTY	# SERVED
WADENA		DOUGLAS	
TODD		HUBBARD	
BECKER		MORRISON	
CASS		OTTERTAIL	

Does your organization serve needs outside the counties previously mentioned? If yes, provide information on the number served and locations.

Have you applied to other revenue sources? Yes No If yes, for what amount: \$_____

Other Revenue Sources:

Specific Objectives: (If additional space is needed to indicate objective, please attach additional page.)

What criteria does your organization use to measure its programs effectiveness?

What is the lifetime/term of impact your project will have on the community?

Please included any additional information that you wish to share: (optional)

Application Checklist:

- _____ Detailed budget showing how requested funds would be spent.
- _____ Copy of IRS tax-exempt letter (if applicable).
- _____ Any additional information you would like to include.

Please note: *In submitting this application, the applicant agrees that it will spend funds solely for the purposes stated in the application and will refund the unexpended portion of such funds, if any. The applicant must provide a final summary, in writing, within one year of receiving the funds, including a brief report, copy of receipts, and any other information to the Todd-Wadena Electric Cooperative Community Trust Board. If for some reason your project is abandoned, your organization is required to return this grant in full to the Todd-Wadena Community Trust. If your project costs less than the amount awarded, you are required to return the balance*

The information contained in this statement is for the sole purpose of obtaining funding from the Todd-Wadena Electric Cooperative Community Trust Fund on behalf of the undersigned. Each undersigned understands that the information provided within the application will be used in deciding whether to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Community Trust Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Community Trust Fund is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Incomplete applications will NOT be submitted for committee review.

Authorized Signature	Title	Date
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Please submit this application to:
Todd-Wadena Electric Cooperative
Attn: Operation Round Up®
PO Box 431
Wadena, MN 56482

Applications may also be submitted via email to kvandeventer@toddwadena.coop.
Questions? Contact Kallie at (218)-631-3120 or kvandeventer@toddwadena.coop.