

Roseau Electric Cooperative Trust Operation Round Up<sup>®</sup> PO Box 100 Roseau, MN 56751 1-888-847-8840

## **Grant Application Form**

Profile Information		
Name of Organization:		
Street Address:		
City, State, Zip Code:		
Contact Person: Title/Posi	ition:	
Telephone: Email:		
Objectives of Organization:		
Is this a new Organization?	YES NO	
Are you applying for a new project within an established organization?	YES NO	
Is this grant to supplement an established program?	YES NO	
Funding cannot be used to compensate anyone employed by the organization or for operational expenses.		
Total Donations the Organization received last year from all sources:		

If additional space is needed to indicate/explain your Organization's objective, please attach additional page(s).

Return completed form and attachments to: Tracey A Stoll Roseau Electric Cooperative, Inc PO Box 100 Roseau, MN 56751-0100

Project Information	
Project Title:	
Statement of Project Purpose:	
Geographic Area to be served by Project:	
Project Start Date:	Project Completion Date:
Total Project Cost:	
Amount Requested:	
Other Revenue Sources:	
Project Amounts Raised To Date:	

## ATTACHMENTS REQUIRED:

## Please attach the following to this application:

- 1. Detailed Budget showing how requested funds would be spent.
- 2. Copy of IRS tax-exempt letter.

## **CERTIFICATION:**

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. In addition, the applicant will not discriminate as to race, age, religion, sex, or national origin.

Authorized Signature

Date

Title