



**People's Energy Cooperative Trust
Operation Round Up®**

APPLICATION FOR DONATION

Organization: _____

Address: _____

Contact: _____ Title: _____

Phone: _____ Email: _____

PROJECT DESCRIPTION

Answers may be attached separately if additional space is required.

All information requested is mandatory for application to be considered for funding.

Project Title: _____

Project Description: _____

Amount Requested: \$ _____

Please describe how funds will be used. Be specific. _____

In a separate attachment, please include an itemized listing of intended funding use. Include dollar amounts. Quotes and photos are encouraged when appropriate.

If funding is approved, an invoice or statement demonstrating proof of purchase must be received before funds are released.

List other sources of funding for project, if applicable. _____

How does your organization measure effectiveness of program(s) and/or use of funds? Be specific. _____

PEOPLE'S ENERGY COOPERATIVE MEMBERS SERVED

Number of individuals, families, and/or groups served WITHIN Dodge, Fillmore, Mower, Olmsted, Wabasha, and/or Winona in the past year: _____

Specific counties served: _____

Number of individuals, families, and/or groups served OUTSIDE OF Dodge, Fillmore, Mower, Olmsted, Wabasha, and/or Winona in the past year: _____

Specific counties served: _____

FINANCIAL INFORMATION

Funds exempt from payment of income tax? **YES** **NO**
If yes, a copy of organization's 501(c)(3) must be attached.

Is the organization's 501(c)(3) form attached to the application? **YES** **NO**

Please provide a copy of the organization's financial statement(s) from the most recent year.

Is a copy of financial statement(s) attached? **YES** **NO**

REFERENCES

Please list up to three additional organizational contacts, including leadership, volunteers, and/or those directly served or affected by potential funding.

Name: _____

Title/Role: _____

Address: _____

Phone: _____ Email: _____

Does Operation Round Up® have permission to contact this individual? **YES** **NO**

Name: _____

Title/Role: _____

Address: _____

Phone: _____ Email: _____

Does Operation Round Up® have permission to contact this individual? **YES** **NO**

Name: _____

Title/Role: _____

Address: _____

Phone: _____ Email: _____

Does Operation Round Up® have permission to contact this individual? **YES** **NO**

The information contained in this statement is for the sole purpose of obtaining funding from the Operation Round Up® 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 Operation Round Up® Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Operation Round Up® 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.

Name of Organization

Signature of Representative
(If school, must be signed by the Principal or Superintendent)

Date

Please submit this application to:

People’s Energy Cooperative Trust
Attention: Operation Round Up®
1775 Lake Shady Avenue South
Oronoco, MN 55960

Applications may also be submitted via fax to (507) 367-7001 or via email to oru@peoplesrec.com.

Questions?

Contact Gwen Stevens at (507) 367-7000 or gstevens@peoplesrec.com.