

**Operation Round-Up**  
(Organization Application)  
Clarke Electric Cooperative

Date: \_\_\_\_\_

**PROFILE INFORMATION**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

*Has this organization ever applied for or received an Operation Round-Up grant? \_\_\_\_ Yes \_\_\_\_ No*

*If yes, include most recent date grant was received and what project was funded. \_\_\_\_\_*

Is organization requesting funding exempt from payment of income tax? \_\_\_\_ Yes \_\_\_\_ No

***: Attach documents as necessary to best describe your project***

**PROJECT DESCRIPTION**

Project Title:	
Project Start Date:	Project End Date:
Grant Amount Requested:	
How will the money be used?	
What is the purpose of the project?	

Geographic area to be served by the project?
Is area served by a utility other than Clarke Electric Cooperative?
How will the project benefit the community?
Please list all the sources of funding for the project? Include in-kind support. Donated labor and/or services.
What are your measurements of success for this project?
How will Clarke Electric and its Operation Round-Up program be recognized for its support of this project?

The information contained in this statement is for the purpose of obtaining funding from the Clarke Electric Cooperative Operation Round-Up program on behalf of the undersigned. Each undersigned understands that the information provided herein is used in the decision to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Operation Round-Up board may consider this statement as continuing to be true and correct until a written notice of a change is provided. Operation Round-Up is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

As a condition of receiving and accepting these grant funds, the undersigned agrees that all funds will be used for the project approved and as stated on the application. Any funds not used shall be returned to the Operation Round-Up program. The project should be completed and funds utilized within one year of this notification.

I agree to the terms above.

Name of Organization \_\_\_\_\_

Signature of Representative \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_