

Operation Round-Up
(Organization Application)
Clarke Electric Cooperative

Date: _____

PROFILE INFORMATION

Name of Organization: _____

Address: _____ Phone: _____

City, State, Zip _____ County: _____

Contact Person: _____ Title _____

Email: _____

Has this organization ever applied for or received an Operations 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

PROJECT DESCRIPTION

Project Title:	
Project Start Date:	Project End Date:
Grant Amount Requested:	Total Cost of Project:
Please list all the sources of funding for the project? Include in-kind support. Donated labor and/or services.	

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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?
What are your measurements of success for this project?
Will Clarke Electric and its Operation Round-Up program be recognized for its support of this project? Explain.

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

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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 _____