

Cooperative Light & Power Community Trust

Operation Round Up Grant Application
Cooperative & Light and Power
1554 Highway 2 / P.O. Box 69 Two Harbors, MN 55616
(218) 834-2226 / (800) 580-5881
www.clpower.com



Contact Information						
Organization:			Date:			
Organization Address:			County:			
Contact Name:			Phone:			
Email Address:						
Status: Non-profit	Yes No	501(c)	Yes (federal authorization of 501(c)(3) status must be included)			
Grant Requested	Individual	Grou	р			
Project Funding						
Cooperative Light & Power Community Trust meets twice yearly, once in Spring the other in Fall.						
Which application session are you applying for?			April – Aug	gust	September - March	
Anticipated date funds are needed:			Anticipated date of completion of the project			
Amount needed for the project :			Amount Requested (\$2,500 maximum)			
Have you applied for additional funding from other sources? Yes No						
Are these funds available through other sources?				Yes	No	
If yes, please list the other sources:						



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Project Details					
Describe the project and itemize how the funds will be used (Please attach another sheet if you need more room)					
Describe the project's benefit to the community/surrounding area (Please attach another sheet if you need more room)					
December the project of benefit to the community/our outlining area (i todas attach another brooking outline)					
Please return this application to the address at the top of this form					