

Cooperative Light & Power Association of Lake County



Community Trust
 Cooperative Light & Power
 1554 Highway 2 / P. O. Box 69
 Two Harbors, MN 55616
 www.clpower.com
 218.834.2226 / 800.580.5881



Operation Round Up Grant Application

| | |
|--|--|
| Name: | Date: |
| Address: | |
| Day Phone: | Evening Phone: |
| Organization Representing: | Phone: |
| Organization Address: | County: |
| Status: Non-profit <input type="checkbox"/> yes <input type="checkbox"/> no 501(c)(3) <input type="checkbox"/> yes <input type="checkbox"/> no <i>(federal authorization of 501(c)(3) status must be included)</i> | |
| Grant Request: <input type="checkbox"/> Individual <input type="checkbox"/> Group | |
| Amount needed for project: \$ | Amount Requesting (\$2,500 maximum) |
| Anticipated date of completion of project: | |
| Anticipated date funds are needed: | |
| Describe project and specify how the funds will be used: <i>(please attach another sheet if you need more room)</i> | |
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| Describe the project's benefit to the community/surrounding area: <i>(please attach another sheet if you need more room)</i> | |
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| | |
| Are these requested funds available through other sources <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If yes, please list the other sources: | |
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| | |
| Have you applied to the other sources <input type="checkbox"/> yes <input type="checkbox"/> no If yes, for what amount: \$ | |
| Please list any further information that would help us in considering your application: | |
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| Please Note: Award recipients must file a progress report within 6 months of the receipt of the award dollars. No additional dollars will be granted until the report is on file. | |
| Signature: | Title: |

Please return this application to the address at the top of this form.

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|----------------------------|--------------------|---------------|
| For Office Use Only | | |
| Application #: | Amount Awarded: \$ | Date Awarded: |