

# 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>(you must include federal authorization of 501-C-3 status)</i>	
Grant Request: <input type="checkbox"/> Individual <input type="checkbox"/> Group	
Amount needed for project: \$	<b>Amount Requesting: \$</b>
Anticipated date of completion of project:	
Anticipated date funds are needed:	
Describe project <b>and</b> specify how the funds will be used: <i>(please attach another sheet if you need more room)</i>	
Describe the project's benefit to the community/surrounding area: <i>(please attach another sheet if you need more room)</i>	
Are these requested funds available through other sources <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please list the other sources:	
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:	
<b>Please Note:</b> 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.**

<b>For Office Use Only</b>		
Application #:	Amount Awarded: \$	Date Awarded: