



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)(3) Yes (federal authorization of 501(c)(3) status must be included) |
| Grant Requested | Individual | Group | |
| 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 – August | 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*)

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