



**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	OR	501(c)(3) Non-Profit <b>(Federal authorization of 501(c)(3) status must be included)</b>
Grant Requested	Individual		Group	
Project Funding				
Cooperative Light & Power Community Trust meets twice yearly, once in Spring and the other in Fall.				
Which distribution session are you applying for?		March Distribution		September Distribution
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*