

**Redwood Electric Cooperative Trust**  
**Operation Round-Up Grant Application**  
*FOR NON-PROFIT ORGANIZATION/AGENCY*

Applications MUST BE in our office or postmarked by

**SEPTEMBER 12, 2025 at 3:30pm**

60 Pine Street

Clements, MN 56224

Phone: (507) 692-2214 or 888-251-5100

Fax: 507-692-2211 or Email: [sgroebner@redwoodelectric.com](mailto:sgroebner@redwoodelectric.com)

**Required Application Material:**

1. Signed and completed application form.
2. Copy of organizations financial statement(s) (audited if available) for most recent year.
3. Proof of tax exemption for tax exempt organizations.  
*(Ex. (Form 501 (c)3), tax returns showing tax-exempt, tax-exempt letter from IRS, or city records showing organization is under city tax exemption)*
4. All applications must be in our office or post marked on or before the due date of September 12<sup>th</sup>, 2025. Applications can be dropped off at our office, emailed to [sgroebner@redwoodelectric.com](mailto:sgroebner@redwoodelectric.com) or they can be mailed to:

Redwood Electric Cooperative  
Attn: Sarah Groebner  
60 Pine St.  
Clements, MN 56224

**APPLICATIONS NOT COMPLETE OR MISSING REQUIRED INFORMATION WILL NOT BE CONSIDERED!**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

(Address forms and grants should be sent to)

Contact Person: \_\_\_\_\_

(Representative)

Name

Title

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Redwood Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Redwood Electric Trust may consider this statement as continuing to be true and correct until a written notice change is provided. The Redwood Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. Applicant agrees being named in the local media.

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please make sure to read the questions carefully and completely to ensure all requested information is attached. If you answer "YES" to any of these questions, you must include the additional information.

Is organization requesting funding exempt from payment of income tax? \_\_\_\_Yes \_\_\_\_No  
If yes, proof of exemption must be provided. *\*See examples listed under Required Application Material*

Number of individuals, families, or groups serviced by this project last year: \_\_\_\_\_

Number of individuals, families, or groups served in Redwood County and the immediately surrounding area by this project last year:  
\_\_\_\_\_

Does this agency serve outside Redwood County and its immediately surrounding area? \_\_\_\_Yes \_\_\_\_No  
If yes, please provide information on the number served and location.

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State the amount being requested and the purpose for your organization/agency’s request.

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Describe the Mission of your Organization (in general terms)

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Describe the use of the funds in detail (in specific terms)

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List other sources of funding (and amounts) available for this request as described above.

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What is your project’s budget? When will this project be completed?

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What factors will you use to determine the successfulness of this project?

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Please list two references.

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Name

Phone

Address

Name

Phone

Address