

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

Applications MUST BE in our office or postmarked by

**SEPTEMBER 9, 2022 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)

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

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

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: \_\_\_\_\_

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Is organization requesting funding exempt from payment of income tax? \_\_\_ Yes \_\_\_ No  
If yes, a copy of letter (Form 501(c)3) from the Internal Revenue Service must be attached.

A copy of financial statement(s) (audited if available) for most recent year should be provided. Statements attached:  
\_\_\_ Yes \_\_\_ No

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 requested and purpose of your organization/agency 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 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.

Name

Phone

Address

Name

Phone

Address