



## Spring 2018 Operation Round Up Grant Application

Applications due by 4:00pm on Friday, April 13, 2018

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

Mailing Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City State ZIP Code

Contact Person: \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Phone Email

Project or Purpose of grant request: \_\_\_\_\_

Project category (choose all that apply):

\_\_\_\_\_ Community Service \_\_\_\_\_ Economic Development

\_\_\_\_\_ Education & Youth \_\_\_\_\_ Environment

Amount requested: \_\_\_\_\_

Please complete and submit electronically to [smcmanus@arrowhead.coop](mailto:smcmanus@arrowhead.coop)

and provide a printed copy:  
Arrowhead Cooperative  
Attn: Sara McManus  
PO Box 39  
Lutsen, MN 55612

## 2018 Operation Round Up Grant Application

Please provide the requested documents. Please limit your application to a total of 10 pages. You do not need to include this sheet.

1. If the organization is exempt from payment of income tax a copy of the letter from Internal Revenue Service [Form 501(c)(3)] must be attached.
2. Please attach a copy of the organization's financial statements for the previous year.
3. Please attach a brief summary of the services and/or programs provided in Cook County.
4. Please attach a detailed description of the program or project plan for which you are requesting funding. How will you assess the effectiveness of the program or project for which you are requesting funds?
6. Include a detailed budget showing how requested funds will be spent. Funds can only be used for the specific request and must be returned if not used accordingly. Review grant guidelines for acceptable uses of funds.
7. List other sources of funding for the project or program.
8. Please provide three references with contact information (phone and/or email address).
9. Please sign and return the attached statement of accuracy.

**2018 Operation Round Up Grant Application**  
**Statement of Accuracy**

**The information contained in this application is for the purpose of obtaining funding from the Arrowhead 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 Arrowhead Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Arrowhead Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.**

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Name of Organization

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Signature of Representative

Date