



## Lake Region Electric Trust Operation Round-Up Application Form

Applicant Organization: \_\_\_\_\_ Date: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Title: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Is the organization exempt from payment of income tax?  Yes  No

*If yes, is copy of an IRS letter indicating your organization's 501(c) (3) status attached?*  Yes  No

A copy of the financial statement(s) for the most previous year must be provided.

*Is it attached?*  Yes  No

Have you previously received funding from Operation Round-Up®?  Yes  No

*If yes, please list the date(s) and amount(s) you received:*

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

What communities/counties are served by your organization:

Project title: \_\_\_\_\_

State project purpose: *Use an additional sheet if necessary.*

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What are the benefits to the community or area?

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Project start date: \_\_\_\_\_

Project end date: \_\_\_\_\_

Amount needed for project: \_\_\_\_\_

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

Other revenue sources:

\_\_\_\_\_

What other information would you like to share?

\_\_\_\_\_

\_\_\_\_\_

Grants will be awarded only one time per year for any organization.

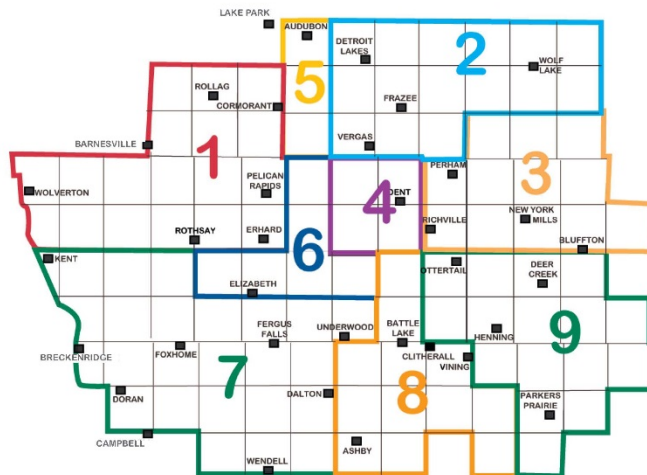
*The information contained in this statement is for the purpose of obtaining funding from the Lake Region Electric Trust on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding grant funding, and the undersigned represents and warrants that the information provided is true and complete and that Lake Region Electric Trust may consider this statement as continued to be true and correct until a written notice of a change is provided. The Lake Region Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.*

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

**Return completed form to:**  
Theresa Halverson  
Lake Region Electric Cooperative  
PO Box 643  
Pelican Rapids, MN 56572

### Service Territory



Lake Region Electric Cooperative  
1401 South Broadway, PO Box 643 • Pelican Rapids, MN 56572  
Phone: 218.863.1171 • Toll free: 800.552.7658 or 866.367.5732  
E-mail: lrec@lrec.coop