



Adams-Columbia Community Fund, Inc.
 Operation Round-Up® Trust
 401 E Lake St./PO Box 70
 Friendship, WI 53934
 (800) 831-8629
www.acecwi.com
acec@acecwi.com

Operation Round Up Application Organization/Agency

The application must be completed in its entirety and be very specific in your request. Incomplete applications will not be considered for fund allocation. Be advised that funds will not be granted for general operating expenses or utilities. Applicants will be notified of the board's decision within 5 business days of the Operation Round-Up board meeting. **Due to an increased number of requests and limited funding, Operation Round-Up may not be able to support all requests.**

Applicant Information		
Name of Organization:		
Mailing Address:		City:
State:	Zip Code:	Phone Number:
E-mail Address:		
Contact Person:		Title:
Organization Information		
Is your organization requesting funding exempt from payment of income tax? () Yes () No <small>If yes, a copy of letter (form 501c3) from Internal Revenue Service must be attached.</small>		
Provide a copy of your most recent financial statement(s). () Statement Attached () Does not apply <small>If "Does not apply", please explain: _____</small>		
Approximate number of individuals, families, or groups served in the last year:		
Funding		
Purpose of funds:	Amount Requested (not to exceed \$10,000): <small>Please provide an estimate or invoice for your request.</small>	
Please explain how the funds will be used:		
List other sources of funding, what the status is of the request (received, pending, applied, etc.) and the amount.		
Source:	Status:	Amount:
Source:	Status:	Amount:
Source:	Status:	Amount:
Source:	Status:	Amount:
Source:	Status:	Amount:

How are your organization's programs measured for effectiveness?

Has your organization received funding from Operation Round-Up in the past? () Yes () No
If yes, please explain:

References

Name:	Phone Number:
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Address:	City:	State:	Zip:
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Name:	Phone Number:
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Address:	City:	State:	Zip:
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Name:	Phone Number:
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Address:	City:	State:	Zip:
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Please read and sign

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

Name of Organization:

Signature of Representative:	Date:
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