Adams-Columbia Electric Cooperative
Empowering Our Communities

Adams-Columbia Community Fund, Inc.
Operation Round-Up® Trust
401 E Lake St./PO Box 70
Friendship, WI 53934
(800) 831-8629
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Operation Round Up Application
Organization/Agency

Only completed applications will be considered by the Operation Round-Up board of directors. A completed application includes a complete individual or organizational application, financials or reason why financials are not available, and an itemized estimate or invoice for your request. **Due to an increased number of requests and limited funding, Operation Round-Up may not be able to support all requests. We are unable to reimburse applicants for completed projects. The preferred payment method for grant distribution is to mail a check directly to a vendor.**

Applicant Information		
Name of Organization:		
Mailing Address:		City:
State:	Zip Code:	Phone Number:
E-mail Address:		
Contact Person:		Title:
How did you hear about Operation Round-Up?		

Organization Information
Is your organization requesting funding exempt from payment of income tax?   ( ) Yes   ( ) No   *If yes, a copy of letter (form 501c3) from Internal Revenue Service must be attached.*
Please provide a copy of your most recent financial statement(s) (income statement and balance sheet) and an annual operating budget if possible.   ( ) Statement Attached ( ) Does not apply   *If "Does not apply", please explain:* _____
Approximate number of individuals, families, or groups served in the last year:

Funding		
Purpose of funds:	Amount Requested (not to exceed $5,000): *Please provide an estimate or invoice for your request.*	
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:

What is the mission of this organization?

How does your organization benefit the community?

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:		
Address:	City:		State:	Zip:
Name:		Phone Number:		
Address:	City:		State:	Zip:
Name:		Phone Number:		
Address:	City:		State:	Zip:

Please read and sign

The information contained in this statement is for the purpose of obtaining funding from the Adams-Columbia Community Fund 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 Community Fund may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Adams-Columbia Community Fund is authorized to make all inquiries they deem to verify the accuracy of the statements made herein.

Name of Organization:

Signature of Representative:	Date: