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

Applications MUST BE in our office or postmarked by
SEPTEMBER 6, 2024 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

Name of Organization: _____

Address: _____
(Address forms and grants should be sent to)

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: _____

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.

_____

_____

_____

State the amount requested and purpose of your organization/agency request.

_____

_____

Describe the Mission of your Organization (in general terms)

_____

_____

Describe the use of the funds (in specific terms)

_____

_____

_____

List other sources of funding (and amounts) available for this request as described above.

_____

_____

_____

What is your project's budget? When will this project be completed?

_____

_____

_____

What factors will you use to determine the successfulness of this project?

_____

_____

Please list two references.

_____
Name   Phone

_____
Address

_____
Name   Phone

_____
Address