RENVILLE-SIBLEY COOPERATIVE POWER ASSOCIATION OPERATION ROUND-UP APPLICATION FOR DONATION

Name of person submitting the a	application:	
Organization:		
Address:		
City:	State: Zip:	
Daytime phone:		
Email address:		
For Profit Non-Profit	If Non-Profit, is it 501(c)(3)? Yes No	
	If yes, please include a copy of 501(c)(3) document.	
Type of Request Group	Community	
Dollar amount needed for project	pt: \$	
Dollar Amount requested: \$		
Date when Funds are needed: _		
Project/Program start date:	Project/Program end date:	
Please list reasons why funds a used for?	re needed. What specific project are the funds to be	
How will this benefit the commu	nity or area?	
Are requested funds available th	nrough other sources? Yes No	
If yes, please list:		
Other information you would like	e to share:	

Please provide two contacts familiar	with this project/program wl	ho could be contacted
for additional information if necessary	y.	
Name:	Phone:	
Address:		
City:	State:	Zip:
Name:	Phone:	
Address:		
City:	State:	Zip:
Renville-Sibley Cooperative Associate undersigned understands that the infigrant funding and each undersigned provided is true and complete and the continuing to be true and correct until Board is authorized to make all inquit the statements made herein. In submit will use funds solely for the purpose unused portion of such funds.	formation provided herein is represents and warrants the lat the Trust Board may consil written notice of a change ries they deem necessary to nitting this application, the u	used in deciding to at the information sider this statement as is provided. The Trust overify the accuracy of ndersigned agrees that
Authorized signature	Da	te
Title		
Make check payable to:		
Return completed	d application and attachmer	nts to:

Renville-Sibley Cooperative Power Association

Attn: Operation Round Up
PO Box 68
Danube, MN 56230