

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

Name of person submitting the 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: \$ \_\_\_\_\_

Dollar Amount requested: \$ \_\_\_\_\_

Date when Funds are needed: \_\_\_\_\_

Project/Program start date: \_\_\_\_\_ Project/Program end date: \_\_\_\_\_

Please list reasons why funds are needed. What specific project are the funds to be used for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this benefit the community or area? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are requested funds available through other sources?  Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Other information you would like to share: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide two contacts familiar with this project/program who could be contacted for additional information if necessary.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

The information contained in this statement is for the purpose of obtaining funding from Renville-Sibley Cooperative Association 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 Trust Board may consider this statement as continuing to be true and correct until written notice of a change is provided. The Trust Board is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. In submitting this application, the undersigned agrees that it will use funds solely for the purposes as stated by the Trust Board and will refund any unused portion of such funds.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Make check payable to: \_\_\_\_\_

Return completed application and attachments to:  
Renville-Sibley Cooperative Power Association  
Attn: Operation Round Up  
PO Box 68  
Danube, MN 56230