Chariton Valley Electric Foundation

ORGANIZATION INFORMATION   Date_____

Name of Organization _____

Organization Address_____ City, State, Zip _____

County _____ Organization Phone_____

Contact Person_____ Title _____

Contact Email_____ Contact Phone _____

Has this organization ever applied for, or received an Operation Round Up grant? _____Yes _____ No

*If yes, please provide the most recent date a grant was applied for or received, and specify the project that was funded*_____ _____

Is the organization requesting funding exempt from payment of income tax? _____Yes _____ No

Is the geographic area benefiting from this project served by an electric utility other than Chariton Valley Electric Cooperative? _____Yes _____ No *If yes, who* _____

PROJECT DESCRIPTION

Project Title:
Statement of Project Purpose *(a sentence that describes the reason for the project and what it aims to achieve)*:

Project Start Date:	Project End Date:

Grant Amount Requested:
What specific expenses or aspects of the project will this funding pay for:
How will this project positively impact or benefit the community or area:

How many people in the community will benefit from this project:
What is the geographic area that will benefit from this project:
What criteria or measures will you use to determine the success of this project:

ADDITIONAL INFORMATION

Has your organization secured additional funding or received community support for this project:
If Operation Round Up can only partially fund your request, will the project still be able to move forward:
Will the Chariton Valley Electric Operation Round Up Foundation be acknowledged for its support of this project:

ACKNOWLEDGMENT AND TERMS OF GRANT

The information contained in this statement is for the purpose of obtaining funding from the Chariton Valley Electric Cooperative Operation Round Up Foundation on behalf of the undersigned. By signing below, the undersigned acknowledges that the information submitted will be used to make funding decisions and warrants that it is accurate and complete. The Chariton Valley Electric Cooperative Operation Round Up Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Foundation is authorized to conduct any necessary inquiries to verify the accuracy of the statements made.

As a condition of receiving and accepting these grant funds, the undersigned agrees that the funds will be used solely for the approved project as described in the application. Any unused funds must be returned to the Chariton Valley Electric Cooperative Operation Round Up Foundation. Additionally, the project must be completed and all funds utilized within one year of this notification.

I agree to the terms outlined above.

Name of Organization _____

Signature of Representative _____

Date _____

BUDGET INFORMATION

Project Expenses

Items to be Purchased:	$
Other Project Expenses *(Travel, Labor, Rent, Equipment, Printing, Etc.)*:	$
Total Project Expenses	$

Project Revenue

Cash sources in hand and budgeted for this project:	$
Other Grant Sources:	$
Other income to sustain the project *(memberships, fees, ticket sales, etc.)*:	$
In-Kind Contributions:	$
Total Project Revenue	$

Total Project Expenses – Total Project Revenue =	$