



Chariton Valley Electric Foundation

P.O. Box 486
Albia, IA 52531
Telephone: (641) 932-7126

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 <i>(a sentence that describes the reason for the project and what it aims to achieve)</i> :	
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 (<i>Travel, Labor, Rent, Equipment, Printing, Etc.</i>):	\$
Total Project Expenses	\$

Project Revenue

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

Total Project Expenses – Total Project Revenue =	\$
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Application Requirements/Checklist Per ORU Guidelines

- Completed Application Form
- Detailed budget (*include bids, quotes, pricing, etc.*)
- Copy of 501(c) or non-profit status letter – *if applicable*
- Copy of organization's financial statements for the previous year and/or copy of IRS 990 (*pages 1 & 2 only*)
- Three letters of recommendation or support

Mail to:

Chariton Valley Electric Cooperative
 Attn: Operation Round Up
 PO Box 486
 Albia, IA 52531

Email to: oru@cvrec.com