



## **ITASCA-MANTRAP CO-OP. ELECTRICAL ASS'N. TRUST**

### **OPERATION ROUND UP® GRANT GUIDELINES**

#### **PURPOSE:**

The Itasca-Mantrap Co-op. Electrical Ass'n. Trust is funded by voluntary Operation Round Up® contributions from members of the Cooperative and other sources of funds available to the Trust. Operation Round Up contributions are used primarily in the local area served by the Cooperative for charitable and educational purposes.

Area communities and organizations are encouraged to apply for Operation Round Up grants. The Trust Board reviews applications and distributes funds semi-annually. Applications must be received (not postmarked) by 4:30 p.m. on March 15 and September 15. If the 15<sup>th</sup> falls on a weekend, applications will be accepted until 4:30 p.m. the following Monday. Applicants will be notified of the status of their grant application within two months of the application deadline.

#### **ELIGIBILITY:**

1. Contributions will generally be made to non-profit, civic, or community-based organizations that demonstrate a commitment to enhance the quality of life in the region.
2. Projects should fit in one or more of these categories:
  - Community Service
  - Education and/or Youth
  - Community Economic Assistance
  - Environment
3. Applications must be submitted on the Official Operation Round-Up® Application form.
4. Individuals are not eligible.

#### **LIMITATIONS:**

Grants will not normally exceed \$5,000 annually for any one group, organization, or charity.

Contributions will generally **not** be made for:

1. Lobbying and political organizations
2. Churches and religious organizations (except for church-affiliated programs when there is a direct community impact)
3. Veteran, fraternal and labor organizations
4. Fund-raising dinners, raffles and other similar events
5. Individuals
6. Capital Projects (building or improvements to property)
7. Advertising
8. Ongoing operational expenses
9. Mileage and transportation fees or reimbursements
10. Postage
11. Already completed projects
12. Wages/stipends for employees and/or volunteers

### EVALUATION FACTORS:

1. The following factors will be considered in the evaluation of all funding requests:
  - a. Potential benefit to area residents and the entire community;
  - b. Level of community support for the program, project or the organization requesting the funds;
  - c. Administrative capability of the organization to deliver a quality service or program;
  - d. Results that are predictable and can be evaluated; and
  - e. Other fundraising efforts.
  - f. Lower priority may be given to applications from organizations who have been awarded an Operation Round Up grant within the past 24 months.
2. It shall be the responsibility of all Trust Directors to evaluate funding requests and allocate contributions to accomplish the purposes and intent of the Itasca-Mantrap Board of Directors.
3. You may contact a Trust Board Member to explain your project in more detail.

|                    |                |                    |                |
|--------------------|----------------|--------------------|----------------|
| Barb Boeckman      | (320) 333-2845 | Kathy Pachel       | (218) 252-0404 |
| Steph Carlson      | (218) 252-1597 | Dorothy Pierzinski | (218) 821-2009 |
| Lisa Koppelman     | (320) 293-1857 | Carol Van Nyhuis   | (218) 244-4517 |
| Jennifer Magnussen | (406) 781-8489 |                    |                |

### REQUIREMENTS:

- Complete the application form in full. Incomplete applications will be returned; late applications will not be considered.
- Provide a detailed budget demonstrating:
  - How grant funds will be spent on this project or program
  - Sources and uses of existing program funds
- Attach your organization's most current financial statement. If a financial statement is not available, attach a statement detailing revenue, sources of revenue, program expenditures, administrative expenses, and cash/assets on hand. Do not include account numbers.
- Be specific on the application as to your project. Only the grant application form (without attachments) will be submitted to the Trust Board for review. Other items will be available for review at the Trust Board Meeting.
- **If your organization is a school, your school administrator is now required to sign your application.**

### RETURN TO / NOTIFICATION:

Submit your completed application form and other required documents to:

Itasca-Mantrap Co-op. Electrical Ass'n.  
Attn: Operation Round Up  
PO Box 192  
Park Rapids, MN 56470.

Itasca-Mantrap will notify applicants of grant approval status as soon as practical following each semi-annual Trust Board Meeting. Inquiries may be made by calling 218-732-3377.



For Cooperative Use Only:

Date Received: \_\_\_\_\_

Application No.: \_\_\_\_\_

Awarded: \$ \_\_\_\_\_

## Itasca-Mantrap Co-op. Electrical Ass'n. Trust

### Operation Round Up® Grant Application Form

**Complete the application form in full. Incomplete applications will be returned; late applications will not be considered.** Early submission of applications is encouraged to provide sufficient time for follow-up of any missing information.

**All funding requests require submission of a completed and signed application, detailed project budget, and financial statements. *Schools are not required to submit financial statements.***

#### Checklist:

- \_\_\_\_\_ Complete application
  - Be sure to include your Fed. Tax I.D.# (if applicable) and sign the application
- \_\_\_\_\_ Include detailed project budget
- \_\_\_\_\_ Include financial statement\*

#### Return completed form and attachments to:

Itasca-Mantrap Co-op. Electrical Ass'n.  
Attn: Operation Round Up  
PO Box 192  
Park Rapids, MN 56470

#### PROFILE INFORMATION:

Organization Name/School District: \_\_\_\_\_

If organization is a school: Name of School: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a qualified tax-exempt organization? \_\_\_\_ Yes \_\_\_\_ No

If yes: Select tax-exempt status: \_\_\_\_ Non-profit \_\_\_\_ Governmental Organization \_\_\_\_ School

Federal Tax I.D.# \_\_\_\_\_

If no: You may wish to have a non-profit or government agency apply on behalf of your organization.

#### PROJECT DESCRIPTION:

Project Title: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_



**PROJECT DESCRIPTION:**

Brief Description of Project:

Geographic area to be served by Project (county, township, etc.): \_\_\_\_\_

Number of people in the Itasca-Mantrap service area who will benefit from this project or program (close estimate): \_\_\_\_\_

Total Amount of Project: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

What other sources of funds do you have for this project? \_\_\_\_\_

Have you applied for Operation Round Up funding for this project in the past? \_\_\_\_Yes \_\_\_\_ No

**CERTIFICATION:**

In submitting this application, the applicant agrees that it will spend funds solely for the purposes stated in the application and will refund the unexpended portion of such funds, if any. The applicant will not discriminate as to race, color, religion, sex, gender identity, national origin, age, ability, sexual orientation, values, beliefs, experiences, backgrounds, cultural norms, and other differences that make each person unique.

The information contained in this statement is for the purpose of obtaining funding from the Itasca-Mantrap Co-op. Electrical Ass'n. Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used to determine funding, and each undersigned represents and warrants that the information provided is true and complete and that Itasca-Mantrap Co-op. Electrical Ass'n. Trust may consider this statement as continuing to be true and correct until a written notice of change is provided. The Trust is authorized to make all inquiries deemed necessary to verify the accuracy of the statements herein.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**If your organization is a school, your school administrator is now required to sign your application.**

\_\_\_\_\_  
**School Administrator Name (printed)**

\_\_\_\_\_  
**School Administrator Signature**

## SAMPLE Project Budget

[Name of Organization]

[Project Name]

[Date]

### **Revenues:**

|                       |                     |
|-----------------------|---------------------|
| Fundraising           | \$ 5,455.00         |
| Grants/Contracts      | 5,000.00            |
| Donations/Mailings    | 13,340.00           |
| Memorials             | 2,000.00            |
| Interest              | 1,000.00            |
| Cash from CD's        | -0 -                |
| <b>Total Revenues</b> | <b>\$ 26,795.00</b> |

### **Projected Expenses:**

|                       |                     |
|-----------------------|---------------------|
| Directors Contract    | \$ 14,400.00        |
| Office Rent           | 3,240.00            |
| Phone                 | 500.00              |
| Postage               | 700.00              |
| Supplies              | 1,100.00            |
| Activities            | 400.00              |
| Insurance             | 3,300.00            |
| Programming           | 1,500.00            |
| Dues                  | 260.00              |
| Fundraising           | 2,950.00            |
| Bank Charges          | -0-                 |
| Mileage for Director  | 700.00              |
| Education/Lodging     | 200.00              |
| Cost of Equipment     | 450.00              |
| <b>Total Expenses</b> | <b>\$ 29,700.00</b> |