



Stearns Electric Association Trust

Operation Round Up Application for Funding

APPLICANT INFORMATION:

Organization Name: _____ Date: _____

Classification: For Profit Non-Profit - if so, 501-C3? Yes No

Contact First Name: _____ Contact Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ home cell organization

Email Address: _____

MAILING INFORMATION:

Does your check need to be made out to another organization or sent to a different address than listed above? If yes, please fill out the information in this section. If no, please skip to the PROJECT DESCRIPTION section.

Checks Made Payable To: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

PROJECT DESCRIPTION:

Type of Request: Personal Community Group

Total Project Cost: _____ Amount Requested: _____

Time Frame in which Funds are Needed: _____

Have you requested funds from any other sources? Yes No
If yes, what are the sources?

How would Operation Round Up funds be used:

What are the benefits to the community or area?

Is there any other information you would like to share?

I agree that the information above is correct and I have the authority to submit this application.

Signature: _____

Title: _____

STEARNS ELECTRIC ASSOCIATION TRUST

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