



Stearns Electric Association Trust Board

Operation Round Up® Application for Funding

APPLICANT INFORMATION:

Organization Name: _____ Date: _____

I am authorized to apply for funding on behalf of this organization. ☐ Yes ☐ No

If no, please confirm approval with the organization prior to submitting this application as organizations can only receive funding once per calendar year.

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

Contact First Name: _____ Contact Last Name: _____

Title at Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ ☐ cell ☐ home ☐ 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 cannot be made out to an individual if funds are benefitting an organization.*

Check 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 (*please reference [ORU funding guidelines](#) on our website for what can and cannot be funded*):

What are the benefits to those served by Stearns Electric Association and/or our Central Minnesota communities?

What other information you would like to share?

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

Signature: _____

Title: _____

STEARNS ELECTRIC ASSOCIATION TRUST

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