



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 from 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.

Grant availability is promoted to area communities and organizations. The Trust Board reviews applications and distributes funds semi-annually. Application deadlines are March 15 and September 15 of the current year. If the 15th falls on a weekend, applications will be accepted until 4:30 pm the following Monday.

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) Contributions will be distributed **primarily** in the local area served by the cooperative.
- 3) Projects should fit in one or more of these categories: Community Service, Education and/or Youth, Community Economic Assistance and Environment.
- 4) Applications must be submitted on Official Operation Round-Up® Application forms.
- 5) Individuals are not eligible.

LIMITATIONS:

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

- a. Lobbying, political and religious organizations
- b. Veteran, fraternal and labor organizations
- c. Fund-raising dinners, raffles and other similar events
- d. Capital Projects (building or improvements to property)
- e. Advertising
- f. Ongoing operational expenses (i.e. administrative, utilities, salaries)
- g. Grants will not normally exceed \$5,000 annually for any one group, organization or charity.



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.
2. It shall be the responsibility of all Trust Directors to evaluate funding requests and allocate contributions to accomplish the purposes and intent of these guidelines.
3. You may contact a Trust Board Member to explain your project in more detail. The Trust Board Members are:

Alan Judson	(218)	699-3204
Richard Magaard	(218)	652-4001
Christine Longfors	(218)	573-3938
Ron Ahmann	(218)	732-4384
Rhonda Lageson	(218)	732-9463
Trudy Maninga	(218)	573-3825
Carol Winskowski	(218)	849-5996

REQUIREMENTS:

- Complete the application form. Incomplete or late applications will be rejected.
- Provide the Tax I.D. number under Tax Status
- 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.
- 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.

RETURN TO / NOTIFICATION:

Submit your completed application form and other requirements to: Nikki Torkelson, Itasca-Mantrap Co-op. Electrical Ass’n., 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.



Itasca-Mantrap Co-op. Electrical Ass'n. Trust Operation Round Up® Grant Application Form

PROFILE INFORMATION:

Organization Name: _____

If school-related, list name of school: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____

Email Address: _____

Tax Status: Non-profit Governmental Organization Tax I.D. No. _____

*If your organization is not a registered non-profit or government agency, you may wish to have a non-profit or government agency apply for your organization on your behalf.

PROJECT DESCRIPTION:

Project Title: _____

Brief Description of Project:

Geographic area to be served by Project (county, townshp, etc.)

Number of people in the Itasca-Mantrap Co-op. Electrical Ass'n. service area who will benefit from this project or program (close estimate): _____

Project Start Date: _____

Project End Date: _____

Total Amount of Project: \$ _____

Amount Requested: \$ _____

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



Itasca-Mantrap Co-op. Electrical Ass'n. Trust Operation Round Up[®] Grant Application Form

Specific Objectives: (How the dollars will be spent):

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, age, religion, sex or national origin.

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: _____

Title: _____

Date: _____

Return completed form and attachments to:

NIKKI TORKELSON
ITASCA-MANTRAP CO-OP ELECTRICAL ASS'N
PO BOX 192
PARK RAPIDS MN 56470
(218) 732-3377

SAMPLE Project Budget

[Name of Organization]

[Project Name]

[Date]

Proposed Project Budget

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 -
Total Revenues	<hr/> \$ 26,795.00

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
Total Expenses	<hr/> \$ 29,700.00