



**CLAIBORNE ELECTRIC
COOPERATIVE, INC.
OPERATION ROUND UP TRUST**
P. O. Box 719 • 12525 Hwy. 9
Homer, LA 71040



(318)927-3504 • www.our.coop

Application Guidelines

To help us process applications quickly and efficiently, please use the following guidelines when completing an Operation Round Up application.

- Please complete every numbered item on the application. If any spaces are left blank, the application is incomplete and must be returned to the organization. Only complete applications can be submitted to the Operation Round Up Trust Board for review.
- Please submit all requested supplemental information for numbered items 5, 6, and 7 with the original application.
 - Item 5 – Include a copy of the organization's IRS form 501 (c) 3. If the organization is not classified as a 501 (c) 3, please submit other proof of the organization's non-profit status. Other proof may include an IRS form approving the organization with a different non-profit classification, or a letter from the organization containing the organization's federal Tax ID number.
 - Item 6 – Include a copy of financial statements from the most previous year. This can be a balance sheet and profit/loss statement covering the year. It must show income and expenses for the year, as well as the bottom line financial position of the organization. Please do not send an entire audit report – the financial statements should be fewer than 5 pages.
 - Item 7 – Include two quotes from different vendors for your request. If you prefer a specific vendor, please explain that on the application in item number 10. Please understand that all grants must be paid to the vendor; we cannot pay the organization directly under any circumstances. Grant payment will be issued in the form of a check. Please make sure vendors accept payment by check before submitting quotes.
- In item number 10, please include the amount of grant funding requested.
- All school applications must be signed by the principal on page 3 of the application.
- Please do not use staples in any part of the application. One paperclip securing the entire application is sufficient. It is helpful to submit documents in the following order: application, 501 (c) 3, financial statements, vendor quotes.
- All documents should be submitted on standard 8 ½" x 11" paper.
- Please do not submit documents with information on the front and back of pages. All documents should have information only on the front side.
- Please do not send additional brochures, pamphlets, newsletters, etc.
- Any questions can be directed to:
Lisa Ledbetter 318-927-3504 lisa@our.coop

CLAIBORNE ELECTRIC COOPERATIVE OPERATION ROUND UP TRUST
Post Office Box 719
Homer, LA 71040
(318) 927-3504

**APPLICATION FOR DONATION
FOR AN ORGANIZATION**

1. Name of Organization: _____
2. Address: _____
Street or Post Office Box

City or Town State Zip Code
3. Phone Number: _____
Organization Contact person home/mobile
4. Contact Person: _____
Name Title

E-mail address
5. Is the organization requesting funds exempt from payment of income tax?

Yes _____ No _____ If yes, a copy of Form 501 [c] 3 from the Internal Revenue Service must be attached.
6. A copy of financial statement(s) for most previous year should be provided.

Statement attached _____
7. Two quotes representing your request should be provided from different vendors.

Quotes attached _____
8. Number of individuals, families or groups served in Bienville, Claiborne, Lincoln, Ouachita, Union or Webster Parishes in the last year: _____
9. Does organization serve outside Bienville, Claiborne, Lincoln, Ouachita, Union and Webster Parishes? Yes _____ No _____

If yes, please provide information on the number served and locations.

10. State the purpose of the Organization's request. **Include amount requested** and specify how funds will be used.

11. List other sources of funding for the stated request. If any funding for the project is already secured, list the source and amount of the funds currently raised.

12. How are the organization's programs measured for effectiveness?

13. Please list three references.

Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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The information contained in this statement is for the purpose of obtaining funding from the Claiborne Electric Cooperative Operation Round Up Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that The 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 they deem necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE

* No more than \$10,000 will be donated to any organization on an annual basis. Grants must be used within six months of approval, or within 12 months of approval if funds are to be used as a matching grant.