



Egyptian Electric Cooperative
1732 Finney Road
Murphysboro, IL 62966
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Fax: (888) 554-8181
roundup@eeca.coop
eeca.coop/roundup

Operation Round-Up Grant Application

Complete, by typing or printing legibly, all information below – incomplete, illegible, or incorrect information can cause an applicant to be denied for funding. Please submit completed grant application and additional type-written requested information with any supporting documentation described below.

Date of Application: _____

Organization Information:

Name of Organization: _____

Physical Address: _____

City: _____ Zip: _____

Mailing Address: _____

City: _____ Zip: _____

Applicant Name: _____

Phone: _____ Email: _____

Alternate Officer Contact: _____

Phone: _____ Email: _____

Has this organization made previous application to the Operation Round-Up fund to date? Yes No

Has the organization been awarded previous funds from the Operation Round-Up program? Yes No

Is this organization tax exempt under IRS section 501(c)(3)? Yes* No**

Does the applicant have authority to apply for grant funds on behalf of the organization? Yes No

**A United States Treasury Department tax exemption letter stating the above-named organization is tax exempt under section 501 (c)(3) and 170 of the Internal Revenue Code must be attached to be eligible for a grant.*

*** A copy of the grantee organization's 501(c)(3) IRS Determination Letter is required as an attachment to the grant application. Among the exceptions to the 501(c)(3) designation are public educational institutions which are defined by the IRS in Section 170 or municipalities.*

Operation Round-Up Grant Funding Request

Amount of Request: \$ _____

Total Amount needed for project: \$ _____

Please answer requested information below in a type-written request with any supporting documentation described:

I. Synopsis of Organization

1. Detail and description of organization
2. Objectives and goals of organization
3. Past community-based projects and successes/outcomes

II. Nature of Request

1. Describe the project in detail and explain exactly how the funds will be used.
2. Explain the circumstances that have prompted this request.
3. How does this project meet the Operation Round-Up program’s primary objective of community betterment?
4. List any other funding sources for this request.
5. Please describe how the project will move forward if only a portion of the requested funds are granted.

III. Contributions

1. Is your organization, supporting organization or additional funder contributing to the project in terms of cash, in-kind, non-cash? Provide details of additional contributions.
2. Attach any appropriate bids, estimates, and/or bills directly relating to the request.

The Operation Round-Up Committee may, from time to time, need to table an application until the next scheduled meeting due to unforeseen events or circumstances.

Can your application be tabled? Yes No

Will you accept partial funding? Yes No

Comments: _____

The information contained in this statement is for the purpose of obtaining funding from the Egyptian Electric Cooperative Operation Round-up Program on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Operation Round-Up Committee may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Operation Round-Up Committee or EECA staff is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature/Title: _____

Name of Organization: _____ Date: _____

<i>For Office Use Only</i>
Date Received: _____
Person Received: _____
Method Received: _____
<input type="checkbox"/> Grant Complete <input type="checkbox"/> Grant Incomplete
Cycle Submitted for: _____
<i>Grant Outcome</i>
<input type="checkbox"/> Awarded <input type="checkbox"/> Declined <input type="checkbox"/> Tabled
Amount Awarded: _____
Date Approved: _____