



# Operation Round-Up

**Northern Plains Electric Cooperative  
PO Box 608  
609 Fourth Avenue  
Cando, ND 58324**

**Northern Plains Electric Cooperative Trust, Inc.  
Guidelines for funding application from  
“Operation Round-Up”**

1. Funds shall be disbursed in the general service area of Northern Plains Electric Cooperative solely for charitable, education, scientific, health or safety purposes.
2. **Only tax-exempt organizations qualify for funding.**
3. No funds of the TRUST shall in any fashion be used to support any candidate for political office or for any political purpose.
4. Not more than \$2500 will be given annually to any family unit, group, organization, charity, or like organization.
5. The Board will not meet less than semiannually to evaluate applications.
6. One of the TRUST activities will be tied to the Annual Membership Meeting each April.
7. The board reserves the right to carry over applications to a later meeting depending on fund availability and other factors.
8. The board will disperse funds equitably throughout the Northern Plains Electric Cooperative service area as practical.
9. Call Northern Plains Electric Cooperative office at 1-800-882-2500 if you have any questions.
10. **Applications for individuals must have a sponsoring organization.** Examples of qualifying organizations would be Jaycees, Lions Club, churches, 4-H clubs, American Legion, homemakers clubs or any other non-profit organization which have officers and hold meetings. The sponsoring organization must submit a letter along with the application stating that the organization will be a sponsor for the individual. **The letter must be signed by an officer of the organization.**

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## APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

Sponsoring Organization: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**(A letter signed by an officer of the organization stating that they will sponsor the application for an individual must be attached.)**

Recipient Name: \_\_\_\_\_

Recipient Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Recipient Phone Number: \_\_\_\_\_

1. Is organization requesting funding exempt from payment of income tax:

Yes \_\_\_\_ No \_\_\_\_ . **(Only tax exempt organizations qualify for funding)**

2. Describe the region your organization serves and the number of members in your organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What percentage of the people served by your organization are served by Northern Plains Electric Cooperative?

\_\_\_\_\_

4. Briefly describe your organization: \_\_\_\_\_

5. Please answer the following questions:

a. Is the recipient a member of Northern Plains Electric Cooperative? Y N

b. Does the recipient have health insurance? Y N

c. Is the recipient covered by Medicare? Y N

Medicare? Y N IHS? Y N OTHER? Please specify: \_\_\_\_\_

d. Has the recipient applied for charity care, Hill Burton or other programs through the health care provider?

Y N accepted denied not available

e. Is the recipient able to work? Y N

f. How has the spouse's job or ability to work been affected?

\_\_\_\_\_

6. State purpose of request and amount requesting: (If more room is needed, please attach separate sheet)

\$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List other sources of funding/benefits held for use of request as described in the above.

Funding Sources

Amount

_____	_____
_____	_____
_____	_____

8. Please list three references:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Northern Plains Electric Cooperative Trust, Inc. 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 Northern Plains Electric Cooperative Trust Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Northern Plains Electric Cooperative Trust Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant/Recipient\*: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Applications must be signed by ultimate recipient, spouse or Power of Attorney; not to be signed by sponsoring organization.**

**I understand that by signing this application, I am agreeing that my name, the purpose of the Operation Round Up grant and the amount may be published, should this application be successful.**