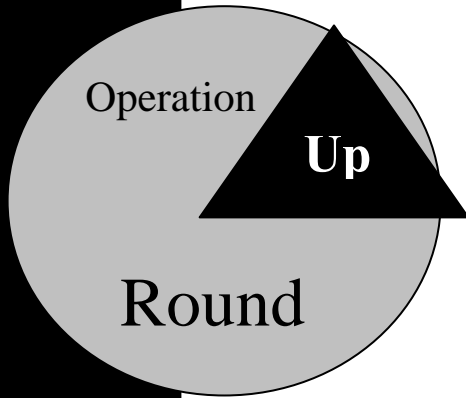


# Operation Round-Up



**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.**



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

Funding Sources

Amount

<u>Funding Sources</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

8. How is your agency's programs measured for effectiveness?

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

9. 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.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Representative:

\_\_\_\_\_  
Date