ARROWHEAD COOPERATIVE

Spring 2025 Operation Round Up Grant Application

Applications due by 4:30pm on Friday, April 4, 2025

Name of Organization: _____

Mailing Address: _____
Street or PO Box

_____
City State ZIP Code

Contact Person: _____
Name Title

_____
Phone Email

Project or Purpose of grant request:_____

Project category (choose all that apply):

_____ Community Service _____ Economic Development

_____ Education & Youth _____ Environment

Amount requested: _____

Please complete and submit via email to Sara McManus at roundup@arrowhead.coop.

5401 W Highway 61 • PO Box 39 • Lutsen, MN 55612
(218) 663-7239 • (800) 864-3744 • www.arrowheadcoop.com

2025 Operation Round Up Grant Application

Please provide the requested documents. Please limit your application to a total of 10 pages. You do not need to include this sheet.

1. If the organization is exempt from payment of income tax a copy of the letter from Internal Revenue Service [Form 501(c)(3)] must be attached.

2. Please attach a copy of the organization's financial statements for the previous year.

3. Please attach a brief summary of the services and/or programs provided in Cook County.

4. Please attach a detailed description of the program or project plan for which you are requesting funding. How will you assess the effectiveness of the program or project for which you are requesting funds?

6. Include a detailed budget showing how requested funds will be spent. Funds can only be used for the specific request and must be returned if not used accordingly. Review grant guidelines for acceptable uses of funds.

7. List other sources of funding for the project or program.

8. Please provide three references with contact information (phone and/or email address).

9. Please sign and return the attached statement of accuracy.

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Statement of Accuracy

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

_____

Name of Organization

_____

Signature of Representative Date