

Application

No applicant is guaranteed funding.

—Deadlines for Submitting Applications— Close of business the first Thursday in February, July and November.

This Box For Office Use Only	Check Number	er
Application #	Period Amount Awa	arded \$
(Please type or print all information. This form may not be reproduced in any format.)		
OPERATION	ROUND UP® GRANT APPLICATIO	N
Name of person submitting app.	Email address	Date
Address		
Day Phone	Evening Phone	
Organization	Phone No.	
Address	County	
☐ For Profit ☐ Non-Profit ☐ Non-Profit, Is it 501-C 3? ☐ Yes ☐ No 501-C 3 Organizations must include a copy of their federal authorized status.		
Type of Request: Personal	☐ Group ☐ Comm	unity
Amount Needed For Project: \$	Amount Requested:	\$
Anticipated Date of Completion of Proj	ect:	
Time Frame In Which Funds Are Needed:		
Why Are Funds Needed? What specific project are the funds to be used for?		
What Are The Benefits To The Community Or Area?		
Are Requested Funds Available Throug	h Other Sources?	□ No
If Yes, What Are The Sources?		
What Other Information Would You Like To Share?		
How did you learn of the Round Up grant program?		
*Award recipients must file a progress report within 6 months of the receipt of the award dollars. No additional dollars will be granted until the report is on file.		
Signature	Title	
	1100	