

UNION COUNTY ELECTRIC COOPERATIVE
OPERATION ROUND-UP® FUND
122 WEST MAIN ST, PO BOX 459, ELK POINT SD 57025
PHONE: 605-356-3395 FAX: 605-356-3397

Please be sure the application is complete and all requested information is provided. Incomplete applications will be returned without consideration for the Board of Trustees.

Select the Funding Category that you will be applying for:

Community Service:___ Economic Development:___ Education and Youth:___

Environment:___ Disaster Relief:___

1. Legal Name / Organization Name:_____

2. Address:_____

3. Contact Person:_____

Name	Title
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4. Contact Phone Number:_____

5. Email Address:_____

6. Number of individuals, families or groups your organization/agency served in Union County in the past year:_____

7. Estimated timeline for use of funds:_____

8. Amount of request (not to exceed \$2,500) \$_____

9. Reason for request of funds (include the specific use of funds. Use an attachment if necessary):

10. What are the benefits to the citizens of this area?

The information contained in this statement is for the purpose of obtaining funding from Union County Electric Cooperative, Inc.'s Operation Round Up® Fund. The undersigned understands that the information provided herein is used in deciding grant funding, and the undersigned represents and warrants that the information provided is true and complete and that Union County Electric Cooperative, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. **Union County Electric Cooperative and the Board of Trustees for Operation Round Up® are authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.**

As a condition of receiving and accepting these funds, the undersigned agrees that all funds will be used for the project approved and as stated on the application. Any funds not used shall be returned to Union County Electric Cooperative Operation Round Up® Fund.

I agree to the terms stated above.

Name of Organization

Signature of Representative

Title of Representative

Date