

People's Cooperative Services Trust
Operation Round-Up
P. O. Box 339
Rochester, Minnesota 55903
507-288-4004

**Application for donation
Organization/Agency**

Name of Organization: _____

Address: _____

Telephone Number: Day: _____ Evening: _____

Contact Person: _____

Email Address: _____

Is organization requesting funds exempt from payment of income tax? **Yes** **No**
If yes, a copy of letter (Form 501 (c) (3) from IRS must be attached.

A copy of financial statement(s) for most previous year should be provided. If not available, forms will be provided.

a. Statement attached: _____

Number of individuals, families or groups served in Dodge, Fillmore, Mower, Olmsted, Wabasha, Winona in last year.

Does your agency serve outside Dodge, Fillmore, Mower, Olmsted, Wabasha, Winona counties?

Yes

No

If yes, please provide information on number served and the location.

Please state the purpose of your organizations request. Include specifics of how the funds will be used. **(Include an itemized listing with dollar amounts for items being requested)** Include quotes and photos if possible. **An invoice or statement showing proof of purchase must be received before donations are released.**

List other sources of funding for use of request as described in the above.

How are your agency programs measured for effectiveness?

Please list three references.

Name: _____

Address: _____

Telephone #: _____ Email: _____

Name: _____

Address: _____

Telephone #: _____ Email: _____

Name: _____

Address: _____

Telephone #: _____ Email: _____

The information contained in this statement is for the purpose of obtaining funds from the Operation Round-Up Fund 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 Operation Round-Up Fund may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Fund is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization

Signature of Representative
(If a school, must be signed by the Principal or Superintendent of the school)

Date