

OPERATION ROUND-UP®

Polk-Burnett Charities, Inc.
1001 State Road 35, Centuria, WI 54824
715-646-2191 or 800-421-0283

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____
Street or Post Office Box

City or Town

State

Zip Code

3. Phone Number: _____
Work Home

4. Contact Person: _____
Name Title

5. Has your organization ever applied for an Operation Round-Up grant? Yes No

6. Has your organization ever applied for an Operation Round-Up grant under a different name? Yes No

If yes, please provide the organization's different name: _____

7. Is organization requesting funding exempt from payment of income tax: Yes No
*Documentation from the Internal Revenue Service indicating non-profit status **MUST** be attached (see sample) OR a letter of explanation regarding tax-exempt status.*

8. A copy of financial statement(s) from most recent year **MUST** be attached. *A budget summary or balance sheet showing income and expenses specific to the program or project for which you are seeking grant funding.*

9. Number of individuals, families or groups served in Polk or Burnett counties last year: _____

10. Does organization serve outside Polk or Burnett counties: Yes No

If yes, please provide information or number served and location.

11. State amount of grant request: \$ _____

12. State purpose of grant request:
(Please use/attach separate sheet if text does not fit in the space provided.)

13. List other sources of funding for use of grant request as described in the above:
(Please use/attach separate sheet if text does not fit in the space provided.)

14. How are your organization's programs measured for effectiveness?
(Please use/attach separate sheet if text does not fit in the space provided.)

15. If your organization has previously received an Operation Round-Up grant, provide the following information about the most recent grant received:

a. Amount received: _____

b. How were grant funds spent, including amounts and dates of expenditures:
(Please use/attach separate sheet if text does not fit in the space provided.)

15. Please list three references.

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Polk-Burnett Charities, 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 Polk-Burnett Charities, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Polk-Burnett Charities, 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

Please complete form, print and submit with required information (IRS documentation and financial summary must be attached, per Question 7 and 8).

Attach separate sheet of paper if you need additional space for any questions, especially Question 12, explaining grant purpose. Application materials will be copied for members of the Operation Round-Up board.

Questions, call 800-421-0283.