

Beltrami Electric Cooperative Trust

Operation Round Up®

P.O. Box 488 Bemidji, MN 56619-0488

Phone: 1-800-955-6083

### OPERATION ROUND UP® GRANT GUIDELINES

### **PURPOSE**

Operation Round Up is a grant program made possible by the generosity of Beltrami Electric Cooperative members. Participating members voluntarily contribute to ORU by allowing their monthly electric bills to be rounded up, so that their change can help make a big impact through the efforts of local groups and organizations working to make our community a better place to live and work.

#### **ELIGIBILITY**

- 1. Contributions will generally be made only to non-profit, civic or community-based organizations that demonstrate a commitment to enhance the quality of life in the region.
- 2. Projects should fit in one or more of these **Project Categories: Community Service, Economic Development, Education and/or Youth, and Environment.**
- 3. Applications must be submitted on Official Operation Round Up Application forms.

#### **RESTRICTIONS**

- 1. Contributions will generally be made only to non-profit organizations that have been granted tax-exempt status under IRS Code Section 501(c) ( ).
- 2. Contributions will generally not be made for:
  - a. Lobbying, political and religious organizations.
  - b. Fraternal and labor organizations.
  - c. Fundraising dinners, raffles and other events.
  - d. Individuals (except through organizations).
  - e. National fund drives.
  - f. Advertising.
  - g. Ongoing operational expenses, including salaries or wages, capital fund drives.
  - h. Grants will not normally exceed \$10,000 for any one group, organization or charity.

### **EVALUATION FACTORS**

- 1. The following factors will be considered in the evaluation of all funding requests:
  - a. Potential benefit to area residents and the entire community.
  - b. Level of community support for the program or project.
  - c. Administrative capability of the organization to deliver quality service or program.
  - d. Results that are predictable and can be evaluated.

### **REQUIREMENTS / CHECKLIST**

Completed application form.

Completed budget form showing how requested funds will be spent (include bids, quotes, pricing, etc.).

Copy of 501(c) ( ) or non-profit status letter (letter of determination from the IRS).

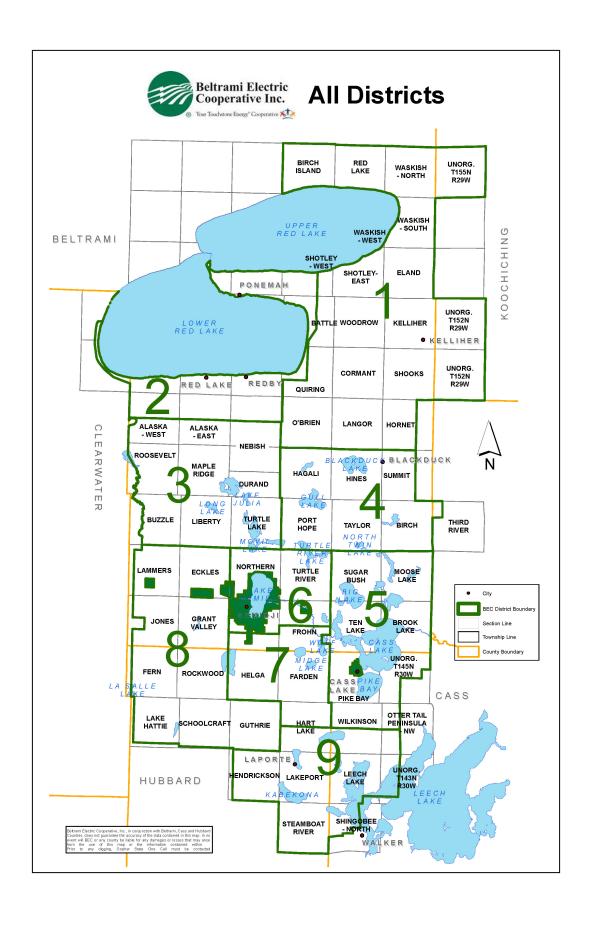
Applications not meeting all of these requirements will not be considered.

The application deadlines are the LAST Friday of March and September by 4 p.m.

Applications will be reviewed by the BEC Operation Round Up Trust Board within 2-3 weeks following the deadline and funds will be distributed shortly thereafter. All applicants will be notified via mail and e-mail.

Questions: Call Angela Lyseng (218) 444-3689, or 1-800-955-6083 or email alyseng@beltramielectric.com.

# Service territory served by Beltrami Electric Cooperative



INTERNAL REVENUE SERVICE P. 0. BOX 2508 CINCINNATI, OH 45201

Date:

Employer Identification Number:

# PLEASE ATTACH

YOUR ORGANIZATION NAME

ADDRESS

Contact Person: NAME I LASTNAME

ID# XXXXX

## 

MONTH YEAR
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt st us under tion 501, of the Internal evenue Code is an origination described in sect to 501(c) 3) is still in life. Based on the information you show that the paining for tion is a private foundate within the paining for tion f(x) and f(x).

Gravors and control tors may rely or his a ermination alless he Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

### YOUR ORGANIZATION NAME

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are show above.

Sincerely yours,

Name I. LastName
Director, Exempt Organizations

### Beltrami Electric Cooperative Trust Operation Round Up® Application Form

The application deadlines are the LAST Friday of March and September by 4 p.m. Applications will be reviewed by the BEC Operation Round Up Trust Board within 2-3 weeks and funds will be distributed shortly thereafter.



| Questions: Call Angela Lyseng at (218) 444-3689 or 6                               | email alyseng@beltramielectric.com.  |  |  |  |
|--|--|--|--|--|
| PROFILE INFORMATION  |  |  |  |  |
| Applicant Organization   | Date   |  |  |  |
| Contact Person   | Title  |  |  |  |
| Address  | Phone  |  |  |  |
| City, State, Zip   | County   |  |  |  |
| Email  | Website  |  |  |  |
| Project Category:  Please check the appropriate category for your project.         |  |  |  |  |
| Community Service Economic Dev<br>Education and Youth Environment                  | velopment  |  |  |  |
| -  | es □ No Federal Tax ID#:  (insert no.) □ 4947(a)(1)  ent Organization School |  |  |  |
| If no, are you applying with support of a qualified, tax-e                         | exempt organization?   □ Yes □ No  |  |  |  |
| Umbrella organization: (Attach letter of support)                                  |  |  |  |  |
| PROJECT DESCRIPTION  |  |  |  |  |
| Project title:   |  |  |  |  |
| Project start date:  | Project end date:  |  |  |  |
| Grant amount requested from BEC Operation Round U What would this funding pay for? |  |  |  |  |
| Statement of project purpose:  |  |  |  |  |

Is your organization located in BEC service area?

Geographic area to be served by project:

Number of people in the community who will benefit from this project:

Is area served by a utility other than Beltrami Electric Co-op? ☐ Yes

□ No

□ Not sure

| How will the project benefit the community or area?  |               |                |
|--|---------------|----------------|
|  |               |                |
|  |               |                |
|  |               |                |
| Other revenue sources and/or demonstrated community support for the project:   |               |                |
|  |               |                |
|  |               |                |
| If Operation Round Up were only able to fund a portion of the amount requested, wou proceed? ☐ Yes ☐ No  | ıld the proje | ect be able to |
| What are your measurements of success for this project?  |               |                |
|  |               |                |
|  |               |                |
|  |               |                |
|  |               |                |
| Has your organization applied for grants with other utility providers in your area?  | Yes           | No             |
| Has organization ever applied for or received an Operation Round Up grant?   | Yes           | No             |
| If yes, include most recent date grant was received and what project was funded.   |               |                |
| ,  |               |                |
|  |               |                |
| The information contained in this statement is for the purpose of obtaining funding from   |               |                |
| Cooperative Trust on behalf of the undersigned. Each undersigned understands that herein is used to decide grant funding and represents and warrants that the information of the undersigned understands that herein is used to decide grant funding and represents and warrants that the information of the undersigned understands that herein is used to decide grant funding and represents and warrants that the information of the undersigned understands that herein is used to decide grant funding and represents and warrants that the information of the undersigned understands that herein is used to decide grant funding and represents and warrants that the information of the undersigned understands are presented in the undersigned understands and the understands are presented understands and the understands are presented understands. | ion provide   | d is true and  |
| complete and that the Beltrami Electric Cooperative Trust may consider this statement and complete until a written notice of a change is provided. The Beltrami Electric Co  |               |                |
| authorized to make all inquiries it deems necessary to verify the accuracy of the state  | ments mad     | de herein.     |
|  |               |                |
| NAME OF ORGANIZATION   |               |                |
| TV WILL OF OTTO WILL WILL WILL WILL WILL WILL WILL WIL   |               | _              |
| ORGANIZATION OFFICIAL SIGNATURE  |               | _              |
|  |               |                |
| DATE   |               |                |

### **PROPOSED BUDGET**

**Project expenses** (round all figures to the nearest whole dollar) List any expenses applicable to your grant request. (Organizations can use this form or their own completed proposed budget form.)

| Salaries and wages (employees and volunteers of the applicant):     Title or type of employee                      | Time devoted to project (hours) | Amount |
|--|---------------------------------|--------|
|  |                                 |        |
|  |                                 |        |
|  | Total Salaries                  | \$     |
|  |                                 |        |
| 2. Items to be purchased: Please provide copies of documentation where possible (i.e. bids, quotes, pricing, etc.) | Amount                          |        |
|  |                                 |        |
|  |                                 |        |
|  |                                 |        |
|  |                                 |        |
|  |                                 |        |
|  |                                 |        |
|  |                                 |        |
|  | Total Supplies                  | \$     |
|  | Total Supplies                  | Ψ      |
| 3. Travel, transportation and subsistence:   |                                 | Amount |
|  |                                 |        |
|  |                                 |        |
|  |                                 |        |
|  | Total Travel                    | \$     |
|  |                                 |        |
| 4. Other (rental of space or equipment, printing)  |                                 | Amount |
|  |                                 |        |
|  |                                 |        |
|  |                                 |        |
|  |                                 |        |
|  |                                 |        |
|  |                                 |        |
|  | Total Other                     | \$     |
| A Total project expense (4±2±2±4)  |                                 | ¢      |
| A. Total project expense (1+2+3+4)   |                                 | \$     |

**Project revenue** (Report all sources and dollar amounts for **this project** only.) (Organizations can use this form or their own completed project revenue form.)

Grants are looked upon more favorably if other sources have been solicited. This enables the board to determine the legitimacy of the project/event. Letters of recommendation and support from community leaders are strongly encouraged.

| 1. Cash sources (cash on hand budgeted for this                                       | Amount                         |              |
|---|--------------------------------|--------------|
|   |                                |              |
|   |                                |              |
|   |                                |              |
|   |                                |              |
|   | Total Cash                     | \$           |
|   |                                |              |
| 2. Other grant sources (do not include this Opera Round Up request)                   | tion Funds received? Yes or No | Amount       |
|   |                                |              |
|   |                                |              |
|   |                                |              |
|   |                                |              |
|   |                                |              |
|   | Total grants                   | \$           |
|   |                                |              |
| <ol><li>Earned income as it relates to your event or preticket sales, etc.)</li></ol> | Amount                         |              |
|   |                                |              |
|   |                                |              |
|   |                                |              |
|   |                                |              |
|   | Total income                   | \$           |
|   |                                |              |
| 4. In-kind contributions (note: an organization cal donation to itself)               | Amount                         |              |
|   |                                |              |
|   |                                |              |
|   |                                |              |
|   |                                |              |
|   | Total in-kind                  | \$           |
|   |                                | <del>,</del> |
| B. Total project revenue (1+2+3+4)  | \$                             |              |
| C. Amount requested from BEC Operation Rou  | \$                             |              |
| D. Total support for the project (B+C)  | \$                             |              |

Total project expenses (A) must be equal to total support for the project (D).

Return completed forms along with letters of recommendation/support and other required documentation to:

or email: alyseng@beltramielectric.com

Mail to: Operation Round Up Beltrami Electric Co-op P.O. Box 488 Bemidji, MN 56619-0488