



## GRANT APPLICATION FOR ORGANIZATION

1. Name of organization: \_\_\_\_\_
2. Address: \_\_\_\_\_  
Street or Post Office Box  
\_\_\_\_\_  
City or Town State Zip Code
3. Phone number: \_\_\_\_\_  
Home Work Cell
4. Email address: \_\_\_\_\_
5. Contact person: \_\_\_\_\_  
Name Title
6. Has your organization ever applied for an Operation Round Up grant? Yes \_\_\_\_\_ No \_\_\_\_\_
7. If yes, please provide the following information about the most recent grant received.  
Date received: \_\_\_\_\_ Amount requested: \_\_\_\_\_ Amount received: \_\_\_\_\_  
Purpose for which grant was requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Is organization/agency exempt from payment of income tax? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach a copy of letter (Form 501[c]3) from Internal Revenue Service.
9. Amount Requested: \_\_\_\_\_
10. State purpose of request: (Specifics of how funds will be used)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. List other sources of funding for request described above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. How are programs of organization measured for effectiveness?

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13. Please list three references.

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Name Phone

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Address City State Zip Code

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Name Phone

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Address City State Zip Code

**The information contained in this application is to be used to obtain funding from Pierce Pepin Cooperative Services (PPCS) on behalf of the undersigned. Each undersigned understands that the information provided herein is used to decide grant funding, and each undersigned represents and warrants that the information provided is true and complete and that PPCS may consider this statement as continuing to be true and correct until a written notice of a change is provided. PPCS is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.**

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Name of Organization

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Signature of Representative

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Date



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