Operation Round Up Application Form

Applicant Information

Today's Date

Organization

Phone

Website

Address

Is the address to mail the check different than above?	**Yes**	**No**

Mailing Address

County

Contact Name

Title

Email

Tax Status:	**For Profit**	**Nonprofit**	**501 - C3 Nonprofit**

Tax ID Number

Type Of Request	**Group**	**Community**

Project Description

Project Title

How will the funds be used?

What are the benefits to the area?

What other information would you like to share?

How many individuals will be impacted?

Project Start Date

Project End Date

Amount needed for project:

Amount Requested

Other Revenue Sources:

Do you receive state or county funding?	**Yes**	**No**
Any paid positions with this organization/project?	**Yes**	**No**
If the required funds are not raised by the project end date will the project be abandoned or continue until funds are met?	**Continue**	**Abandon**

Signature

Signature

Printed Name

Title