



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. Not more than \$10,000 will be given annually to any group or organization.

### 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).

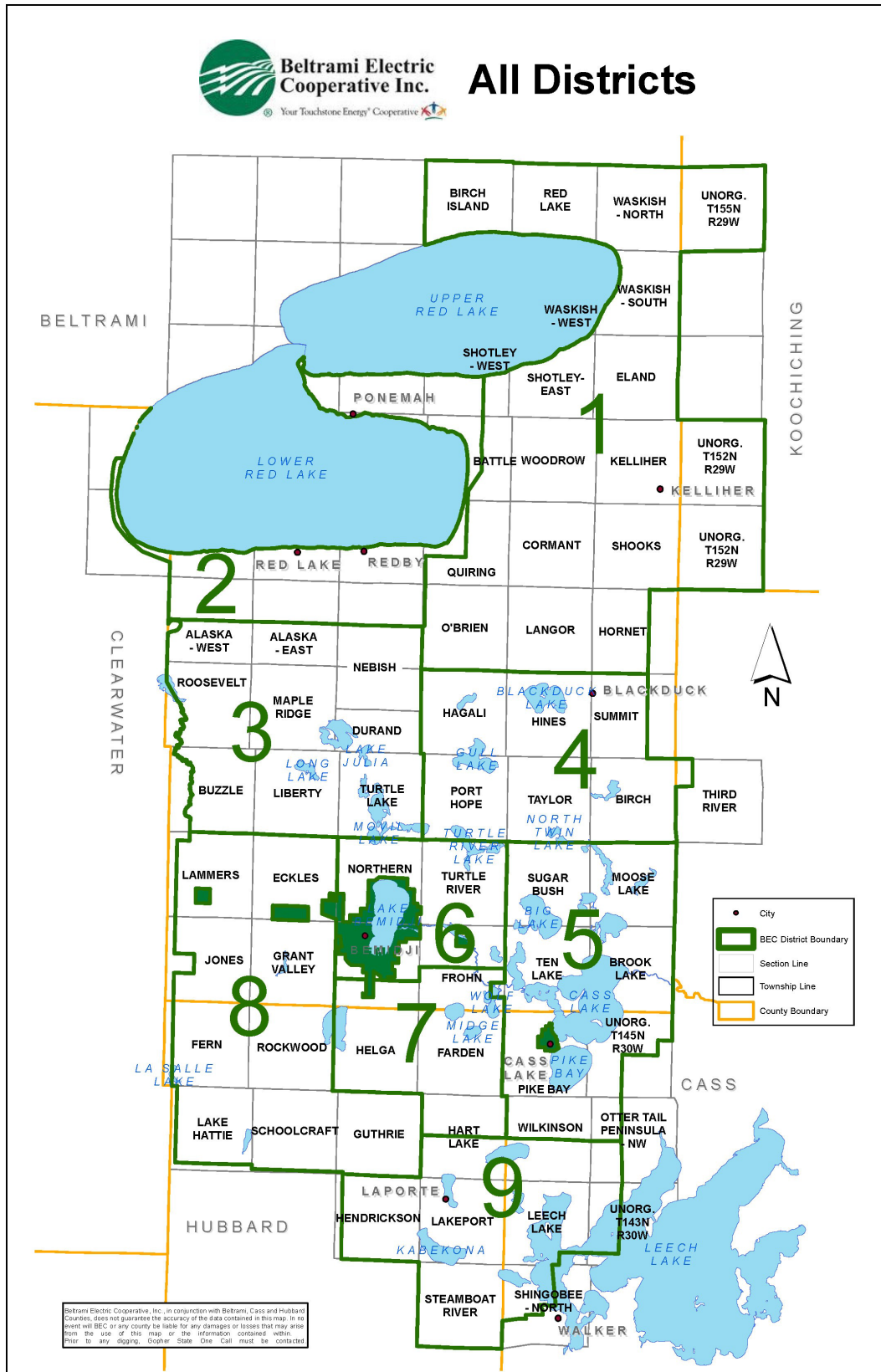
**Applications not meeting all of these requirements will not be considered.**

**The application deadlines are the THIRD 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](mailto:alyseng@beltramielectric.com).

# Service territory served by Beltrami Electric Cooperative



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

DEPARTMENT OF THE TREASURY

Date:

Employer Identification Number:

PLEASE ATTACH

XX-XXXXXX  
DL N:

YOUR ORGANIZATION NAME

ADDRESS

CITY STATE ZIP

NAME I LASTNAME

ID# XXXXX

Contact Telephone Number:

(XXX) XXX-XXXX

Our Letter Dated:

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 status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the 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 shown above.

Sincerely yours,

Name I. LastName  
Director, Exempt Organizations



**This form must be used in submitting your application. Do not alter the form in any way.**

**Project Category:** *Please check the appropriate category for your project.*

*Umbrella organization:* \_\_\_\_\_ *(Attach a letter of support)*

|  |  |                         |  |
|--|--|-------------------------|--|
| Project title:   |  |                         |  |
| Project start date:  |  | Project end date:       |  |
| Total amount of project:   |  | Grant amount requested: |  |
| What would this funding pay for?   |  |                         |  |
| Statement of project purpose:  |  |                         |  |
| Number of people in the community who will benefit from this project:<br>(This needs to be an actual or estimated Number#)                                 |  |                         |  |
| Geographic area to be served by project:   |  |                         |  |
| Is area served by a utility other than Beltrami Electric Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |  |                         |  |

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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, would the project be able to proceed?     ☐ Yes     ☐ No

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.

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The information contained in this statement is for the purpose of obtaining funding from the Beltrami Electric Cooperative Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used to decide grant funding and represents and warrants that the information provided is true and complete and that the Beltrami Electric Cooperative Trust may consider this statement as continuing to be true and complete until a written notice of a change is provided. The Beltrami Electric Cooperative Trust is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION \_\_\_\_\_

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.)

| 1. Salaries and wages (employees and volunteers of the applicant):<br>Title or type of employee | Time devoted to project (hours) | Amount    |
|---|---------------------------------|-----------|
|   |                                 |           |
|   |                                 |           |
|   |                                 |           |
|   |                                 |           |
|   |                                 |           |
|   |                                 |           |
|   | <b>Total Salaries</b>           | <b>\$</b> |

| 2. Items to be purchased:<br>Please provide copies of documentation where possible (i.e. bids, quotes, pricing, etc.) | Amount    |
|---|-----------|
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
| <b>Total Supplies</b>   | <b>\$</b> |

| 3. Travel, transportation and subsistence: | Amount |
|--|--------|
|  |        |
|  |        |
|  |        |
|  |        |
|  |        |
| Total Travel                               | \$     |

| 4. Other (rental of space or equipment, printing) | Amount |
|---|--------|
|   |        |
|   |        |
|   |        |
|   |        |
|   |        |
|   |        |
|   |        |
|   |        |
| Total Other                                       | \$     |

|   |           |
|---|-----------|
| <b>A. Total project expense (1+2+3+4)</b> | <b>\$</b> |
|---|-----------|

**Total Project Expenses above must be equal to total support for the project (D) on page 8.**

**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 project): | Amount    |
|---|-----------|
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
| <b>Total Cash</b>   | <b>\$</b> |

| 2. Other grant sources (do not include this Operation Round Up request) | Funds received?<br>Yes or No | Amount    |
|---|------------------------------|-----------|
|   |                              |           |
|   |                              |           |
|   |                              |           |
|   |                              |           |
|   |                              |           |
| <b>Total grants</b>   |                              | <b>\$</b> |

| 3. Earned income as it relates to your event or project (memberships, fees, ticket sales, etc.) | Amount    |
|---|-----------|
|   |           |
|   |           |
|   |           |
|   |           |
| <b>Total income</b>   | <b>\$</b> |

| 4. In-kind contributions (note: an organization cannot make an in-kind donation to itself) | Amount    |
|--|-----------|
|  |           |
|  |           |
|  |           |
|  |           |
| <b>Total in-kind</b>   | <b>\$</b> |

|  |           |
|--|-----------|
| <b>B. Total project revenue (1+2+3+4)</b>              | <b>\$</b> |
| <b>C. Amount requested from BEC Operation Round Up</b> | <b>\$</b> |
| <b>D. Total support for the project (B+C)</b>          | <b>\$</b> |

**Total Project Expenses (A) on page 7 must be equal to total support for the project (D).**

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

**Mail to:**

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

**or email:** alyseng@beltramielectric.com