CROW WING POWER COMMUNITY TRUST PO BOX 507 BRAINERD, MN 56401 218-829-2827 | 800-648-9401 | INFO@CWPOWER.COM

ORGANIZATION APPLICATION FOR GRANT

Name of Organizati	on:		Date:
Address:			
Is Organization: Organization Histor	For Profit y/Purpose:	Non-Profit	501(c)3- Tax Exempt
Number of individua	als, families or group	os served annually:	
Select the Category	funds will benefit:		
Service Programs	Crisis-Emergency Relief	Youth and Senior Education	Health and Wellbeing
Does organization utilize volunteers? Explain:			OPERATION P

GRANT REQUEST

Amount needed for total project: (required)

Amount requested from Round-Up® Fund: (required)

Date when funding is needed?

Describe the project and tell what specifically the funds will be used for. If this is an ongoing activity, describe your success rate. (*submit additional pages as necessary*)

Please submit Project/Event budget which includes expense and revenue. (required)

The information contained in this application is for the purpose of obtaining funding from the Crow Wing Power Community Trust on behalf of the undersigned. We understand that the information is confidential, for the Trustees review only. The information provided is true and complete.

Signature (title:)_____



revised:2/1/2024

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GRANT APPLICATION PROJECT BUDGET

Project Expenses

Expense Category	Budget
Salaries and wages	
Insurance, benefits, and other related taxes	
Consultants and professional fees	
Travel/Mileage	
Equipment	
Supplies	
Printing and copying	
Telephone, Technology, etc.	
Postage and delivery	
Rent and Utilities	
In-Kind expenses	
Other (specify)	
Event speakers, activities, catering, etc.	
Communication and outreach, web & social media	

Total Expenses:

Project Revenue:

Revenue Category	Revenue Budget
Your organizations financial contribution	
Grants (secured or pending)	
Donations (secured or pending)	
Sponsorships	
In-kind contributions	
Other (please specify)	
Total Revenue:	
Additional Comments:	

