

Iowa Lakes Electric Members Charitable Foundation
Operation Round Up
702 South 1st Street Estherville, IA 51334
800-225-4532

**Iowa Lakes Electric Members Charitable Foundation
Operation Round Up
GRANT GUIDELINES**

PURPOSE

Funds for Operation Round Up are voluntarily donated by Iowa Lakes Electric Cooperative member-owners and its employees. Operation Round Up contributions will be used primarily in the local area served by the Cooperative for charitable and educational purposes.

ELIGIBILITY

1. Contributions will generally be made 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 categories: Community Service, Economic Development, Education and/or Youth, Environment, Disaster Relief.
3. Applications must be submitted on Official Iowa Lakes Electric Members Charitable Foundation Application forms.

RESTRICTIONS

1. Contributions will be made to non-profit organizations that have been granted tax-exempt status under IRS Code Section **501(c)3**.
2. Contributions will generally not be made for:
 - a. Lobbying, political and religious organizations or highly sensitive/controversial events.
 - b. Veteran, fraternal and labor organizations.
 - c. Fundraising dinners, raffles and other events.
 - d. Individuals.
 - e. Capital fund campaigns.
 - f. National fund drives.
 - g. Advertising.
 - h. Ongoing operational expenses.
 - i. 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 (Applications not meeting all of these requirements will not be considered).

- Completed application form.
- Completed budget form showing how requested funds will be spent (include bids, quotes, pricing, etc.).
- Copy of 501(c)3.
- Copy of IRS 990 (pages 1 and 2 only) for the previous year must be provided.
- Please provide three letters of recommendation or support.

PLEASE ATTACH

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

DEPARTMENT OF THE TREASURY

LETTER OF DETERMINATION

Date:

YOUR NONPROFIT, INC.
P. O. BOX 123
MISSION WAY, CA 95050

Employer Identification Number:
12-3456789
DLN:
123456789910
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required
Yes
Effective Date of Exemption
January 3, 2002
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2066 or 2522 of the Code. Because of this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

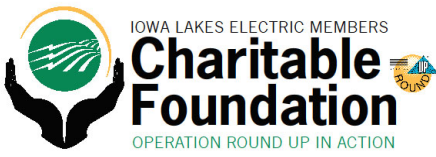
Sincerely,

Ms. Mission

Director, Exempt Organization

Letter 111

This document is a sample for the sole purpose of displaying what an IRS determination letter looks like. This is not an actual determination letter. The use of this document is intended strictly for informational purposes and not any commercial purpose. This document is not for sale.



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PROFILE INFORMATION

Date _____

Name of Organization: _____

Address: _____ Phone _____

City, State, Zip _____ County _____

Contact Person: _____ Title _____

Contact Person Address: _____

City, State, Zip _____

Has this 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.

Is organization requesting funding exempt from payment of income tax? Yes No

PROJECT DESCRIPTION

Project Title:	
Project Start Date:	Project End Date:
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:	
Geographic area to be served by project:	
Is area served by a utility other than Iowa Lakes Electric Cooperative?	

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?
What are your measurements of success for this project?
Will Iowa Lakes Electric Members Charitable Foundation be recognized for its support of this project?

The information contained in this statement is for the purpose of obtaining funding from the Iowa Lakes Electric Members Charitable Foundation on behalf of the undersigned. Each undersigned understands that the information provided herein is used in the decision to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Iowa Lakes Electric Members Charitable Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Iowa Lakes Electric Members Charitable Foundation is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

As a condition of receiving and accepting these grant funds, the undersigned agrees that all funds will be used for the project approved and as stated on the application. Any funds not used shall be returned to the Iowa Lakes Electric Members Charitable Foundation and as a grant from the Iowa Lakes Electric Members Charitable Foundation, this project should be completed and funds utilized within one year of this notification.

I agree to the terms stated above.

Name of Organization _____

Signature of Representative _____ Date _____

PROPOSED BUDGET

Project expenses (round to the nearest dollar) and list any expenses applicable to your grant request.

Items to be purchased:	Amount
Other project expenses (travel, labor, rent, equipment, printing)	Amount
Total Project Expense	\$

Project Revenue (only sources and dollar amounts for this project)

Cash sources (cash on hand budgeted for this project)	Amount
Other grant sources	Amount
Other income to sustain the project (memberships, fees, ticket sales)	Amount
In-kind contributions	Amount
Total Project Revenue	\$

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

Mail to:

Operation Round Up
Iowa Lakes Electric Cooperative
702 South 1st Street
Estherville, IA 51334

or email: tresah@ilec.coop
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