

OPERATION ROUND-UP® FUND GUIDELINES

CENTRAL ELECTRIC COOPERATIVE, INC.

Purpose

The Cooperative's Fund will be funded by Operation Round-Up® voluntary contributions from members of Central Electric and from other sources of funds available to the Fund, as set forth in the Cooperative's Policy governing Operation Round-Up® (the "Policy"). Operation Round-Up® contributions will be used primarily in the local area served by the Cooperative for charitable and educational purposes, including emergency energy assistance as set forth in the Policy. The following are guidelines for the committee/Board of Trustees to follow in making expenditures of Fund monies.

The Board of Trustees will review and distribute funds each June and December.

Application Deadlines are May 1st and November 1st. Applications must be postmarked by these dates, or turned in to Central Electric Betts Road Service Center located at 25487 403rd Ave, Mitchell SD by the close of the normal business day on or prior to the application deadlines.

I. Major Funding Categories

Although there are many worthy charitable and educational projects and community needs in the Cooperative area, the limited availability of funds requires us to establish funding priority categories as follows, with annual budget allocation ranges for each category:

A. Community Service (20% to 40%)

1. Programs, projects and organizations that are important components of a community's overall quality of life, with emphasis on public safety, health care, self-sufficiency and basic human needs.
2. Programs and projects that enhance the cultural environment of communities in the Cooperative area.

B. Economic Development (10% to 30%)

1. Programs and projects designed to promote greater economic stability by helping to expand and diversify local economies, with emphasis on business retention and expansion, new business development and tourism.
2. Programs and projects that encourage cooperation among regional and community economic development organizations.
3. Community leadership programs designed to improve problem-solving skills and empower people to become self-reliant in identifying solutions to local economic and social problems.

- C. Education and Youth 10% to 30%)
1. School scholarships and other programs and projects with an emphasis on math and science education and cooperative educational programs.
 2. Programs that are designed to combat critical social problems affecting our children and youth, with an emphasis on children and teens at risk.
 3. Programs and projects that promote wellness and encourage youth participation in athletics and physical fitness activities.

- D. Environment (5% to 15%)
1. Programs and projects that promote community recycling and natural resource preservation.
 2. Community-based environmental quality education programs.
 3. Environmentally sensitive agricultural research programs and projects.

- E. Emergency Energy Assistance (5% to 15%)
1. Community Action Programs, and other local and statewide fuel funds established by an energy provider, within the State of South Dakota or any other entity that collects and distributes money for low-income emergency energy assistance and meets the minimum criteria, including income eligibility criteria, for receiving money from the Federal Low-Income Home Energy Assistance Program and the Program's Incentive Fund for Leveraging Non-Federal Resources.

- F. Disaster Relief (5% to 15%)
Programs and projects to provide disaster relief for food, clothing, shelter, medical care, clean-up and repairs and reconstruction in an emergency following an accident, a severe storm or other causes.

- G. Emergency Expenditure.
Notwithstanding the above, the Trustees, by a two-thirds (2/3) vote of the committee/Board of Trustees may make expenditures on an emergency basis in accordance with this Policy and the Guidelines in any amount to any person(s), family, unit, group, organization, charity, emergency assistance fund or like organization which the Trustees determine is in keeping with the purpose and spirit of this Policy.

II. Geographic Focus

Contributions will be focused geographically within the area served by the Cooperative and adjacent areas. Organizations which provide programs and benefits to people who live in this geographic area are eligible for funding consideration, even though the organization is located elsewhere.

III. Funding Restrictions.

1. Contributions will generally be made only to non-profit organizations that have been granted tax-exempt status under Internal Revenue Code Section 501(c)(3).
2. Contributions will generally not be made for:
 - a. Lobbying, political and religious organizations;
 - b. Veteran, fraternal and labor organizations;
 - c. Fund-raising dinners, raffles and other events;
 - d. Individuals (except school scholarships and disaster relief);
 - e. Capital fund campaigns;
 - f. National fund drives; and
 - g. Advertising.

IV. 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 or the organization requesting the funds;
 - c. Fiscal and administrative capability of the organization to deliver a quality service or program; and
 - d. Results that are predictable and can be evaluated.

V. Project Timing

1. Whenever possible, requests for funding should be for projects that will be completed within twelve (12) months following the grant application. Requests for funding for projects that have already been completed will be given less priority.

VI. Requirements

1. Complete the application form.
2. Provide detailed budget demonstrating how grant funds will be spent on this project or program and sources and uses of existing program funds.
3. Submit copy of the IRS tax exempt letter if appropriate.

Central Electric Cooperative will notify applicants of grant approval status as soon as possible following each Board of Trustee meeting.

Central Electric Cooperative, Operation Rounds Up® Fund
25487 403rd Ave, PO Box 850, Mitchell SD 57301
Phone: 605-996-7516 or 1-800-477-2892 Fax: 605-996-0869
Attn: Operation Round Up® Coordinator

Application for Individual and/or Family

Please be sure application is complete and all requested information is provided. Incomplete applications will be returned without consideration.

1. Name: _____
Last First Middle

2. Address: _____
Street or Post Office Box

City or Town State Zip County

3. Phone Number: _____
Home Work Cell

4. Name of person making the request (if different from recipient):

Last First Relationship to Recipient

Home Work Cell

Email Address: _____

5. List other members of the household, including children and legal dependents:

A. _____
Name Relationship Age

B. _____
Name Relationship Age

C. _____
Name Relationship Age

D. _____
Name Relationship Age

E. _____
Name Relationship Age

6. Employer of those listed in No. 1 and No. 5 above:

1 _____
Employer Name Supervisor

Address Phone Number Years of employment

5A _____
Employer Name Supervisor

Address Phone Number Years of employment

5B _____
Employer Name Supervisor

Address Phone Number Years of employment

5C _____
Employer Name Supervisor

Address Phone Number Years of employment

5D _____
Employer Name Supervisor

Address Phone Number Years of employment

5E _____
Employer Name Supervisor

Address Phone Number Years of employment

7. Amount of request (not to exceed \$2,500) \$ _____

Reason for request of funds (include the specific use of funds. Include attachment if needed): _____

8. Total estimated cost of project: _____

9. Estimated timeline of project completion: _____

10. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes _____ No _____ If Yes, please list:

Agency name	Amount	Contact person	Phone
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Agency name	Amount	Contact person	Phone
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Agency name	Amount	Contact person	Phone
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Agency name	Amount	Contact person	Phone
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11. Monthly Income Information combined for entire household listed in Section 5:

Salary/Wages-----\$ _____

Bonus, Tips, and other Compensations-----\$ _____

Dividends and Interest-----\$ _____

Real Estate Income-----\$ _____

Farm Income-----\$ _____

Other (please state: alimony, child support, social security, etc.)

_____ \$ _____
 Type

_____ \$ _____
 Type

_____ \$ _____
 Type

_____ \$ _____
 Type

TOTAL SOURCES OF MONTHLY INCOME-----\$ _____

12.. Monthly Expense Information- please list combined totals for all people listed in No. 1 and No. 5:

Housing, Mortgage, or Rent-----\$ _____

Food-----\$ _____

Utilities-----Electricity \$ _____
Gas/Propane \$ _____
Telephone \$ _____
Water/Sewer \$ _____
Cable/Satellite \$ _____

Transportation-----Auto payments \$ _____
Gasoline \$ _____

Insurance-----Medical \$ _____
Life \$ _____
Auto \$ _____
Home/Renters \$ _____

Medical-----Doctors \$ _____
Hospital \$ _____
Medication \$ _____

Charge Accounts--- _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Loans----- _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Taxes----- _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Other Expenses----- _____ \$ _____
(Specify: childcare, _____ \$ _____
child support, etc.) _____ \$ _____
_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

13.. Assets- please list combined totals for all people listed in No. 1 and No. 5:

Cash	_____	\$ _____
Banking Institution	Account Description	
_____	_____	\$ _____
Banking Institution	Account Description	
_____	_____	\$ _____
Banking Institution	Account Description	
_____	_____	\$ _____
Banking Institution	Account Description	

Real Estate – include all “physical property”, such as house, mobile home, land, etc.

_____	_____	\$ _____
Partial of Wholly Owned	County	Market Value
_____	_____	\$ _____
Partial or Wholly Owned	County	Market Value
_____	_____	\$ _____
Partial or Wholly Owned	County	Market Value
_____	_____	\$ _____
Partial or Wholly Owned	County	Market Value

Personal Property- vehicles, valuables, loans receivable, etc.

_____	_____	\$ _____
Type		Value
_____	_____	\$ _____
Type		Value
_____	_____	\$ _____
Type		Value
_____	_____	\$ _____
Type		Value

TOTAL VALUE OF ALL ASSEST \$ _____

15. Provide contact information for at least three people (non-relatives) who can provide a reference and additional information about your need for assistance. The Board will check references (references may not be given by a director or an employee of Central Electric Cooperative, or a member of the Operation Round Up® Board of Trustees).

1. _____
Name Phone

Address City State Zip

2. _____
Name Phone

Address City State Zip

3. _____
Name Phone

Address City State Zip

4. _____
Name Phone

Address City State Zip

The information contained in this statement is for the purpose of obtaining funding from Central Electric Cooperative, Inc.'s Operation Round Up® Fund. The undersigned understands that the information provided herein is used in deciding grant funding, and the undersigned represents and warrants that the information provided is true and complete and that Central Electric Cooperative, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. **Central Electric Cooperative and the Board of Trustees for Operation Round Up® are authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.**

As a condition of receiving and accepting these 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 Central Electric Cooperative Operation Round Up® Fund.

I agree to the terms stated above.

Signature of Applicant/Recipient

Date