



SCEC Serves, Inc.

Operation Round Up® Application for Funding

APPLICANT INFORMATION:

Organization Name: _____ Date: _____

Classification: Individual/Family Non-Profit - if so, 501-C3? yes no

Contact First Name: _____ Contact Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Organization Website: _____

MAILING INFORMATION:

Does your check need to be made out to another organization or sent to a different address than listed above? If yes, please fill out the information in this section. If no, please skip to the PROJECT DESCRIPTION section.

Checks made payable to: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

PROJECT DESCRIPTION:

Type of request: Personal Community

Total Project Cost: _____ Amount Requested: _____

Time frame in which funds are needed: _____

Have you requested funds from any other sources? yes no

If yes, what are the sources?

How would Operation Round Up funds be used?

What are the benefits to the community or area?

Is there any other information you would like to share?

Organizations only - Include a copy of the following documents with your application:

- Tax Determination Letter
- Organizational Budget (current fiscal year)
- Copy of Tax Form 990

Personal applicants – Include a copy of the following documents with your application:

- Copy of the project estimate

I agree that the information above is correct, and I have the authority to submit this application.

Signature

Date

Title