



NOTE: No further grants will be administered to any organization receiving grants until the activity sheet for the project is submitted to Roanoke Electric Care Trust, Inc.

Activity Sheet must be typed. NO HANDWRITTEN SHEETS ACCEPTED.

Each of these questions must be answered separately.

ACTIVITY SHEET for Operation RoundUp Grantees

1. Name of organization:
2. Give the month and year that you were granted Operation RoundUp funds for this particular project. How much were you granted?
3. Did you purchase equipment or fund the activity that you were granted monies for? Why was this project important or beneficial? Please include copies of receipts and pictures of the equipment purchased or proof of the activity you were granted funds for.
4. Why is there or was there a need for the activity that was funded by the grant? Are there similar activities being implemented in the service area? If yes, what new solutions did your activity bring to the service area?
5. If applicable, describe the partnerships with other agencies that were created through the project funded by Operation RoundUp:
6. Describe, in your own words, the role of a program like Operation RoundUp in your region. Why does this area need programs like RoundUp?

7. Activity County or Counties: _____

8. Contact Name: _____

9. Contact E-mail Address: _____

10. Target Group of project: _____

11. Number of People Impacted by project: _____

12. Is your project sustainable and able to be duplicated? _____

13. Is this a new activity? If not, how long has the activity or project been in existence?

14. Please list Names, phone numbers, and email addresses of other Team Members:

Chief Officer's Signature: _____

Date: _____

Once the project for which you have received funds has been implemented, please complete both page ONE and page TWO and send to:

Robin M. Phillips
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