

**Community Giving - - - Round-Up Donation Program - - - Recipient Application**

**Instructions**

Lakewinds Food Co-op is committed to giving back to our community, and we’ve been doing so for the last 40 years. We invite our owners and customers to participate in this program in a tangible way by choosing to “round-up” their grocery bill. These donations are given to recipient organizations that share Lakewinds commitment and vision for healthier communities.

Each year, a calendar of monthly recipients will be established. One organization per month is selected by a committee of Lakewinds employees, and all donations made during that month will go to the designated recipient. Organizations may be a recipient no more than once per year.

Grants are given to organizations whose mission and work align with Lakewinds cooperative principles:

* Environmental groups
* Sustainable agriculture and organic food producers
* Education in the areas of nutrition, health and wellness
* Cooperative, community-based businesses
* Non-sectarian, non-partisan organizations

Additionally, priority will be given to organizations that:

* Are based in the communities served by Lakewinds Food Co-op
* Use this funding for specific projects rather than general operating costs
* Are registered 501(c)(3) nonprofit organizations

**How to Apply**

Please fill out the application form and return it either to a Customer Service Desk at any of our three locations; or, mail to Lakewinds Marketing, 6321 Bury Drive, Suite 21, Eden Prairie, MN 55346; or email to [marketing@lakewinds.coop](mailto:marketing@lakewinds.coop). Include certification of your nonprofit status and one piece of additional information about your organization (brochure, flyer, annual report, etc.).



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Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TELL US: Lakewinds Front End staff may have 15 seconds or less to communicate with each customer about our monthly giving recipient organization. In one or two sentences, please “pitch” your organization and how the funds will be used.

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1. MORE INFORMATION: Please provide additional information (no more than 2 pages) about your organization including:
   * Mission Statement
   * A description of the work you’re doing, and how the funds from Lakewinds will be used
   * How the work of your organization aligns with Lakewinds Cooperative Principles
2. IF SELECTED: The following items will be required:
   * Brochures or flyers about your organization for distribution in Lakewinds 3 locations (50 per store, more if needed later in the month)
   * Photos representing your work to be used on Lakewinds website and social media
   * A member of your organization to provide one 15 minute training session for cashiers in each store prior to the beginning of the designated month
   * Store presence via tabling at each Lakewinds location, one time per month, for a 2 hour shift
3. NON-PROFIT: If your organization is a 501c3 non-profit entity, please provide certification
4. Is the work for which you seek funding time-sensitive? Are you requesting selection during a specific month? If so, please explain:

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