



# POWER UP APPLICATION

## Co-Mo Cares Trust

### Application Check List

- ☐ **Complete pages 2, 3, 4, 5, & 6 of this application.**

Indicate if a question does not apply to you. Unanswered questions may result in an incomplete application.

- ☐ **Attach appropriate bids estimates/bills directly relating to your request.**

It is the sole responsibility of the applicant to meet the requirements as listed above. Neither Co-Mo Cares nor Co-Mo Connect is responsible for notifying an applicant if requirements are not met or if an applications is incomplete.

How did you hear about us?

- ☐ School Administration  
☐ Rural Missouri  
☐ Friend  
☐ Website/Online  
☐ Other

### What is Operation Round Up?

Operation Round Up is a community outreach program funded by Co-Mo Connect Cooperative members. Participating members contribute an average of \$6 annually by voluntarily "rounding up" their monthly bill payments to the next highest dollar.

### Who is eligible for an Operation Round Up Power Up grant?

Funds are available for accredited K-12 schools within the Co-Mo Connect service area.

### How can a school apply for funding?

Applications are accepted by mail, in person, or by FAX (see below.) The deadline for completed applications is September 1, 2025 Incomplete applications will not be considered or kept on file. Repeat applicants must submit a new application.

### How much can a school request?

Annual Power Up grants will not exceed \$2,500 per school.

Annual Power Up grants will not exceed \$750 per teacher/classroom

### What is the selection process?

Funds are administered by 9 volunteer members of the Co-Mo Cares Trust Board who represent the geographic areas where Co-Mo Connect has electric and fiber services. Applications are reviewed in October. The decisions made by the Board are based on the amount of funding available and the needs presented. All applicants will be notified of the results by the end of the month following the application deadline.

Mail application to:

Power UP Teacher Grant  
P.O. Box 220, Tipton, MO 65081  
Or FAX to 660-433-5731

Deliver application to:  
29868 Hwy 5, Tipton, MO 65081;  
14443 N. State Hwy 5, Sunrise Beach, MO 65079

Applications available at co-mo.coop Questions?  
Call 660-433-4461

# Application for Power Up Grant



P.O. BOX 220, 29868 HWY 5, TIPTON, MO 65081  
(660) 433-4461

## Co-Mo Cares Trust

***Incomplete applications will automatically be denied assistance.***

Please type or print clearly with dark ink. It is important that you fill out all pages of this application completely. The application deadline is  
September 1, 2025.

**For Office Use Only**

**REQUEST**

Amount of Request: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Attach appropriate bids/estimates/bills directly relating to your request.

**SCHOOL INFORMATION**

School Name: \_\_\_\_\_

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

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

List other sources of funding for this request: \_\_\_\_\_

\_\_\_\_\_

**PROJECT OVERVIEW**

Project Name: \_\_\_\_\_

Curriculum Area: \_\_\_\_\_

Number of Students to Benefit from Project: \_\_\_\_\_

Can you proceed with partial funding of this request?    Yes ☐    No ☐

If so, what is the minimum amount you would need to implement your project?

Will this grant effect students for more than one school year?    Yes ☐    No ☐

Project Summary (must fit in space provided):

**Describe students to be served, including grade levels:**

**What are the goals or objectives of the project?:**

**How will the project provide ongoing benefits?:**

PROJECT DETAILS

Describe the implementation plan and schedule of activities:

How will the project be evaluated?:

PROJECT BUDGET

Quantity	Description	Mandatory?	Total Cost
Total Amount Requested			

ADDITIONAL COMMENTS

APPROVAL

**This application has been reviewed and approved by the principal of this school.**

**Principal Signature** \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Co-Mo Cares Trust on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Co-Mo Cares Board may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Co-Mo Cares Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

\_\_\_\_\_  
**Name of School**

\_\_\_\_\_  
**Representative Name & Title (please print)**

Mail completed application and related documents to:

Power UP Teacher Grant  
P.O. Box 220  
Tipton, MO 65081

\_\_\_\_\_  
**Signature of Representative**

\_\_\_\_\_  
**Date**

***Incomplete applications will automatically be denied assistance.***