

CLEARWATER-POLK ELECTRIC TRUST
PO BOX 0
BAGLEY, MN 56621
218-694-6241
FAX 218-694-6245

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of organization: _____

2. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

3. Contact Person: _____

Name

Title

4. Phone Number: _____

Work

Home

Fax

5. Is organization requesting funding exempt from payment of income tax under 501© 3 of the Internal Revenue Code?

Yes _____ No _____

6. A copy of financial statement(s) for most previous year should be provided. If not available attach a statement detailing revenue, sources of revenue, program expenditures, administrative expenses and cash/assets on hand.

7. Approximate number of individuals, families or groups served in the Clearwater-Polk Service Area (Counties of Clearwater, Portions of Polk, Beltrami, Hubbard, Mahnomen, and Red Lake):

_____ Individuals

_____ Families

_____ Groups

8. Does agency serve outside of the Clearwater-Polk cooperative service area as defined in #7?

Yes _____ No _____

If yes, please provide information on number served and locations:

9. State Purpose of Organizations/Agency Request: (Include amount requested and specifics of how funds will be used.) Add page if additional information is necessary.

10. List other sources of funding for use of request as described in the above:

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

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE