



MCKENZIE ELECTRIC OPERATION ROUNDUP, INC.

Board Members: Betty Bruins Kim Neprash Ardyce Alveshere
Misty Powell Nikki Darrington Sue Farnsworth
Maureen Moe Mary Johnson Alice Voigt

P.O. Box 649
Watford City, ND 58854

Phone: 444-9288 or 1-800-584-9239
Fax: 444-3002

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____
Street or Post Office Box

City or Town State Zip Code

3. Phone Number: _____
Work Home

4. Contact Person: _____
Name Title

5. Is organization requesting funding exempt from payment of income tax: Yes ___ No ___.
If yes, a copy of letter (Form 501 (c)3) from Internal Revenue Service must be attached.

6. A copy of the financial statement (s) for most previous year should be provided.

a. Statement attached: _____

7. Number of individuals, families or groups served in McKenzie Electric Cooperative's service area in last year: _____

8. Does agency serve outside McKenzie Electric Cooperative's service area?

Yes _____ No _____

If yes, please provide information on number served and location.

9. State Purpose of Organizations/ Agency Request: (**Include amount requested and specifics of how funds will be used.**)

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

11. How are agencies programs measured for effectiveness?

12. Please list three references.

Name			Phone
Address	City	State	Zip Code

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Address	City	State	Zip Code

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THE INFORMATION CONTAINED IN THIS STATEMENT IS FOR THE PURPOSE OF OBTAINING FUNDING FROM THE McKENZIE ELECTRIC OPERATION ROUNDUP, INC. ON BEHALF OF THE UNDERSIGNED. EACH UNDERSIGNED UNDERSTANDS THAT THE INFORMATION PROVIDED HEREIN IS USED IN DECIDING TO GRANT FUNDING, AND EACH UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT THE McKENZIE ELECTRIC OPERATION ROUND UP, INC., MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS PROVIDED.

THE McKENZIE ELECTRIC OPERATION ROUNDUP, INC., IS AUTHORIZED TO MAKE ALL INQUIRIES THEY DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN.

TAX ID #	NAME OF ORGANIZATION
	SIGNATURE OF REPRESENTATIVE
	DATE