



Roughrider Electric Charitable Foundation Inc.

P. O. Box 1038
Dickinson, ND 58602-1038
Phone: 701-483-5111 Dickinson
701-748-2293 Hazen or 800-748-5533

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____
2. Address: _____
Street or Post Office Box

City State ZIP Code
3. Telephone: _____
Business Phone Home Phone – Contact Person
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 the Internal Revenue Service must be attached.
6. Number of individuals, families, or groups served in Roughrider Electric Cooperative's service area in last year: _____
7. Does your organization/agency serve outside Roughrider Electric Cooperative's service area? Yes ____ No ____ If yes, please provide information on numbers of individuals, families, or groups served and their location.

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

9. List other sources of funding for use of request as described above:

10. How are your organization/agency programs measured for effectiveness?

11. Please list three references:

Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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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 Roughrider Electric Charitable Foundation, Inc. on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the Roughrider Electric Charitable Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided.

The Roughrider Electric Charitable Foundation, Inc. is authorized to make all the inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant

Title

Date