



KOOTENAI ELECTRIC TRUST
 PO Box 278
 HAYDEN, ID 83835
 (208) 292-3270

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

Organizations may apply for funding for a specific need or project only.

1. Name of Organization: _____

2. Address: _____

Street or Post Office Box

City

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 financial statement(s) for previous year should be provided.

a. Statement attached: _____

(School requests: please include PTO annual budget. Private schools should also include the annual cost of tuition per student.)

7. Number of individuals, families or groups served in Kootenai, Bonner, Benewah and
 Spokane Counties in last year: _____

How many people will the funding request affect in the next calendar year? _____

8. Does agency serve outside Kootenai, Bonner, Benewah or Spokane Counties:

Yes _____ No _____

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

9. State purpose of Organizations/Agency Request (Include amount requested and specifics how funds will be used, \$2,500.00 maximum):

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

Name	Phone

Address	City	State	Zip Code

Name	Phone

Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Kootenai Electric Trust 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 Kootenai Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kootenai Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

We understand that if we are selected for funding by the Kootenai Electric Trust our name may be used in the promotion of the Operation Round Up Program.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE