



**KOOTENAI ELECTRIC TRUST**  
PO BOX 278  
HAYDEN, ID 83835  
(208) 765-1200

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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11. How are agencies programs measured for effectiveness?

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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**