

Applications for Donation Organization / Agency



1) Name of Organization/Agency

2)	Address:			
		Street or PO Box		
		City, State, Zip		
3)	Phone Number:			
4)	Contact Person:			
		Name		Title
5)	Is Organization/Agen	cy requesting funding e Yes	exempt from payment of Income No	Tax?
	If yes, a copy of Form 501-C-3 from the Internal Revnue Service must be attached.			
6)	Number of individuals, families or groups served in Dakota Valley Electric Cooperative's service area in the last year:			
7)	Does your Organizati	on/Agency serve outsid	de of Dakota Valley Electric Coope	erative's service area?
		Yes	No	
	If yes, please provide information on number served and location:			
8)	Amount Requested:	\$		
	State purpose of Org	anization/Agency requ	est and specifics on how the fund	s will be used:

9) List other sources of funding for the use of request as described in the above:

 10)
 How are your Organization/Agency's programs measured for effectiveness?

 I understand that the information contained in this application is for the purpose of obtaining funding from Dakota Valley Electric Operation Round Up Inc. on behalf of the

correct and will continue to be true and correct until a written notice of change is provided. I understand that Dakota Valley Electric Operation Round Up Inc. will use this information

undersigned and that I represent and warant that the information provided is true and

in deciding grant funding and is authorized to make all inquiries they deem necessary to verify the accuracy of this application.

Name of Organization

Signature of Representative

Printed Name of Representative

Date

Dakota Valley Electric Operation Round Up, Inc. 7296 Highway 281 / Edgeley, ND 58433 1-800-342-4671