

MIDSTATE ELECTRIC CHARITABLE TRUST
Operation Roundup®
16755 Finley Butte Road
P.O. Box 127
La Pine, Oregon 97739

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____

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 the Internal Revenue Service must be attached.

6. A copy of financial statement(s) including balance sheet for the previous year, and/or current yearly budget should be provided.

a. Statement attached: _____

7. Approximate number of individuals, families or groups served in Deschutes, Klamath or Lake Counties last year:

8. What area does your agency serve?

9. How will this grant money be spent in Midstate Electric's service area?

10. Does agency serve outside Deschutes, Klamath or Lake Counties?

Yes _____ No _____

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

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

13. How are agency's programs measured for effectiveness?

14. Midstate Electric Charitable Trust is driven on donations from our electric members. To receive consideration of grant funds, Midstate encourages participation from our grant applicants. Are your organization's board members and employees enrolled in the Operation Roundup Program through Midstate Electric?

Yes _____ No _____

If no, please explain

15. 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 Midstate Electric Charitable Trust 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 Midstate Electric Charitable Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Midstate Electric Charitable Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

TITLE: _____

DATE: _____