

**Ouachita Electric Cooperative Trust - Operation Roundup**

**APPLICATION FOR DONATION  
ORGANIZATION AND/OR AGENCY**

Revised 01/2007

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_

City

State

Zip Code

3. Contact Person: \_\_\_\_\_  
Name: Title:

4. Telephone Number: \_\_\_\_\_  
Work Home

5. Is organization requesting funding exempt from payment of income tax?  
Yes \_\_\_ No \_\_\_ (if yes, a copy of letter (Form 501(c)(3)) from IRS must be attached)

6. Is a copy of financial statement(s) attached? Yes \_\_\_ No \_\_\_

7. Has this organization previously received funding from Operation Roundup?  
Yes \_\_\_ No \_\_\_ (if yes, list the date(s) and amount(s) of funds received)

\_\_\_\_\_  
\_\_\_\_\_

8. Describe the purpose of the funds being requested. Include amount requested and specifics of how the funds will be used. Use additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List other sources of funding being used for the purpose(s) described above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10. Do you or your organization have a business and/or family relationship with any person who serves on the board of trustees for the Ouachita Electric Cooperative Trust? If so, describe any such relationship(s).

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I understand that the information contained in this application is for the purpose of obtaining funding from the Ouachita Electric Cooperative Trust on behalf of the undersigned organization. Each undersigned understands that the information provided herein is used in deciding grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Ouachita Electric Cooperative Trust may consider this statement as continuing to be true and correct until a written notice of change is provided. The Ouachita Electric Cooperative Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

The undersigned hereby agrees to provide documentation for the expenditure of any funds received from the Ouachita Electric Cooperative Trust within 30 days of receipt of the funds.

Name of Organization: \_\_\_\_\_

Representatives Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OUACHITA ELECTRIC COOPERATIVE TRUST USE ONLY**

<input type="checkbox"/> Approved	_____	_____	_____
	<small>Date</small>	<small>Amount</small>	<small>Chairman</small>
<input type="checkbox"/> Denied	_____		_____
	<small>Date</small>		<small>Vice Chairman</small>
<input type="checkbox"/> Conditional Approval	(list conditions separately & attach)		_____
			<small>Secretary/Treasurer</small>
<input type="checkbox"/> Conditions Met	_____	_____	
	<small>Verified by</small>	<small>Date</small>	
<input type="checkbox"/> Check Issued	_____	_____	_____
	<small>Date</small>	<small>Number</small>	<small>Amount</small>
			<small>Issued by #1</small>
			<small>Issued by #2</small>