

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).

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

___ Approved	_____	_____	_____
	Date	Amount	Chairman
___ Denied	_____		_____
	Date		Vice Chairman
___ Conditional Approval	(list conditions separately & attach)		_____
			Secretary/Treasurer
___ Conditions Met	_____	_____	
	Verified by	Date	
Check Issued	_____	_____	_____
	Date	Number Amount	Issued by #1 Issued by #2