



Donation Application for Organization/Agency

Application Deadline is 4:00 p.m. on the 1st day of February, May, August & November

An incomplete application may not be considered.

1. Name of Organization: _____

2. Address: _____

City/State/Zip: _____

3. Contact Person: _____ E-mail address: _____
Title

4. Phone Number: () _____ () _____
Home Work

5. A copy of your organizations financial statement from the previous year MUST be attached to this application.

6. Is the organization requesting funding exempt from the payment of income tax? Yes ___ No ___
If yes, attach a copy of your federal, state documentation from the Internal Revenue Service.

7. What is the general purpose or goal of the organization?

8. What will the requested funds be used for? How will the grant help your organization achieve its goal?

9. Amount requested – please be as specific as possible: _____

10. How will this amount help your organization achieve its goal? _____

For completion by the Trust Board Date Reviewed: _____

District 1 2 3 Check Number: _____

Status of Request: Granted Denied Tabled Amount Granted: _____

11. Is the amount requested the total amount needed? Yes _____ No _____

If no, what is the amount needed? _____

12. Of the funds requested, would any of it go to administrative expenses? Yes _____ No _____

If yes, please explain _____

13. What communities/counties are served by your agency/organization? _____

14. Approximately how many individuals or families do you serve?

14a. Of those served, how many live in Minnesota Valley Electric Cooperative's territory? _____

15. Does your organization provide service outside of MVEC's service area? Yes _____ No _____

16. Please list other sources of funding for use of request as described on the first page. What has your organization already done to raise the amount needed?

17. How are your organization's programs measured for effectiveness?

18. How did your organization find out about Operation Round Up? _____

Please list three references that have knowledge of this program:

Name 1 Phone Number _____
E-mail Address: _____

Address/City/State/Zip

Name 2 Phone Number _____
E-mail Address: _____

Address/City/State/Zip

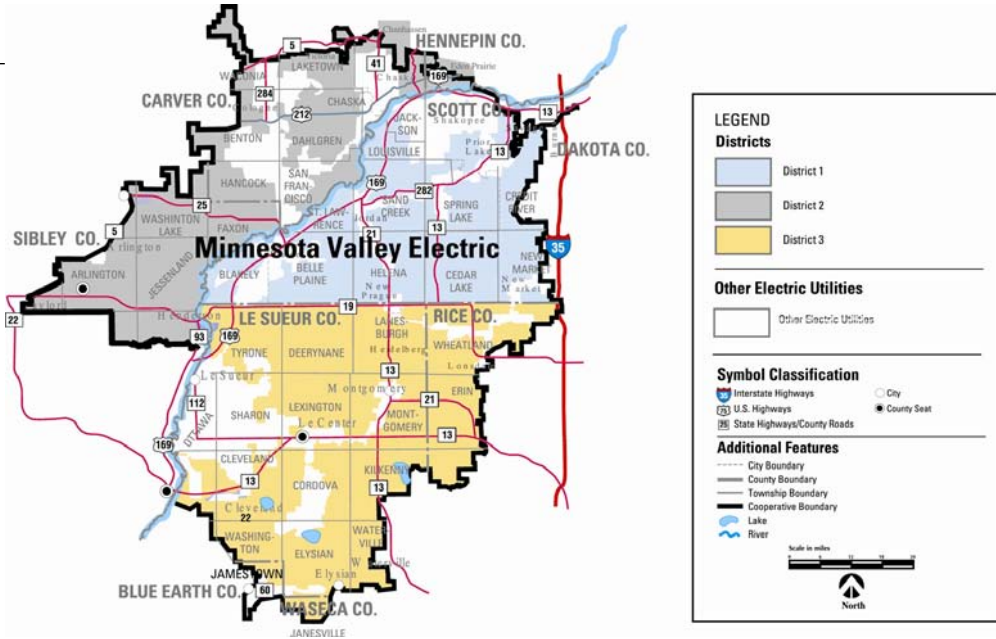
Name 3 Phone Number _____
E-mail Address: _____

Address/City/State/Zip

Name of Organization (please print) : _____

Signature of
Representative: _____

Date: _____



Minnesota Valley Electric Cooperative
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E-mail: info@mvec.net

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

Service Areas

District I
Scott County
Dakota County

District II
Carver County
Sibley County
Hennepin County

District III
LeSueur County
Rice County
Blue Earth County
Waseca County