



McLeod Cooperative Power Trust
1231 Ford Ave, Po Box 70
Glencoe, MN 55336



APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

3. Phone Number: _____

Home

Work

4. Contact Person: _____

Name

Title

5. Is organization requesting funding exempt from payment of income tax:

Yes _____ No _____ If yes, copy of letter (Form 501[c]3) from the Internal Revenue Service must be attached.

6. A copy of financial statement(s) for most previous year should be provided

a. Statement attached: _____

7. Number of individuals, families, or groups served in McLeod, Renville, Sibley and Carver Counties in the last year: _____

8. Does agency serve outside McLeod, Renville, Sibley or Carver Counties:

Yes _____ No _____

If yes, please provide information on number served and location:

9. State purpose of organization/agency request: (Include amount requested and specifics of how funds will be used and who will benefit from the funding.)

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

11. How are agencies programs measured for effectiveness?

12. Please list three references.

Name Phone

Address City State Zip Code

Name Phone

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The information contained in this statement is for the purpose of obtaining funding from the McLeod Cooperative Power Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that McLeod Cooperative Power Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The McLeod Cooperative Power 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

DATE