SOUTHWEST IOWA RURAL ELECTRIC COOPERATIVE
OPERATION ROUND-UP PROGRAM
(888) 220-4869

Corning	Mount Ayr
1801 Grove Avenue	1502 W. South Street
Corning IA 50841	Mount Ayr IA 50854

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

Name of Organization/Agency:_____

Address:_____
Street or Post Office Box

_____
City or Town State Zip Code

Phone Number:_____
Home Work

Contact person:_____
Name Title

Is the organization requesting funds exempt from payment of income tax: Yes___ No___
If yes, a copy of the letter (Form 501{c}3) from Internal Revenue Service must be attached.

A copy of financial statement(s) (profit/loss and balance sheet) for the most current previous year should be provided if available.
a. Statement(s) attached _____
b. Not available _____ Explanation_____

Number of individuals, families or groups served in Adair, Adams, Cass, Decatur, Fremont, Mills, Montgomery, Page, Ringgold, Taylor or Union Counties in last year:
_____

Does agency serve outside the above-named Counties: yes_____no_____

If yes, please provide information on number served and location.
_____

_____

_____

State purpose of organization's/agency's request: (**Include a description, anticipated start date, and anticipated completion date of the overall project and the specific project component that this request for assistance is intended to be used for** (use a separate page if necessary, to include all details).

List total project cost, all proposed sources of funding, and secured funding sources for the request as described above (use a separate page if necessary, to include all details).

How are organization's/agency's programs measured for effectiveness?

Please list three references:

(1)_____ _____
Name Phone

_____ _____
Address City/State Zip Code

(2)_____ _____
Name Phone

_____ _____
Address City/State Zip Code

(3)_____ _____
Name Phone

_____ _____
Address City/State Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Southwest Iowa REC Operation Round-Up Program on behalf of the undersigned. Each undersigned understands that the information provided herein is used in the decision to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Southwest Iowa REC Operation Round-Up Program may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Southwest Iowa REC Operation Round-Up Program is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

_____
Name of Organization

_____
Name of Representative

_____
Signature of Representative

_____
Date