

**FRANKLIN RURAL ELECTRIC COOPERATIVE TRUST
PO BOX 437
HAMPTON, IA 50441
(641) 456-2557 OR (800) 750-3557**

**APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY**

1. Name of Organization: _____

2. Address: _____
Street or PO Box

City or Town

State

Zip Code

3. Phone Number: _____
Work Home

4. Contact Person: _____
Name Title

5. Is organization requesting funding exempt from payment of income tax:
Yes___ No___ If yes, a copy of letter (Form 501[c]3) from 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 Butler, Cerro Gordo, Floyd,
Franklin, Hardin, and Wright Counties in last year:** _____

**8. Does agency serve outside Butler, Cerro Gordo, Floyd, Franklin, Hardin, and Wright
Counties:**

Yes___ No___

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

9. State Purpose of Organizations/Agency Request: (Include amount requested and specifics of how funds will be used.)

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

Address City State Zip Code

Name Phone

Address City State Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Franklin Rural Electric Cooperative 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 the Franklin Rural Electric Cooperative Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Franklin Rural Electric Cooperative 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