

**FRANKLIN RURAL ELECTRIC COOPERATIVE  
PO BOX 437  
HAMPTON, IA 50441  
(641) 456-2557**

**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.**

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

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

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**11. How are agencies programs measured for effectiveness?**

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**12. Please list three references.**

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Name Phone

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Address City State Zip Code

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Name Phone

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Address City State Zip Code

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Name Phone

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Address City State Zip Code

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**The information contained in this statement is for the purpose of obtaining funding from the Franklin Rural Electric Cooperative 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 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 is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.**

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**NAME OF ORGANIZATION**

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**SIGNATURE OF REPRESENTATIVE**

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**DATE**