



CUSTOMERS' TRUST



✉ PO Box 216 Colman, SD 57017 ☎ 800-234-1960

Organization/Agency Application for Donation

1. Name of Non-Profit Organization/Agency/School/Community: _____
2. Address: _____

3. Phone Number: _____
4. E-Mail Address: _____
5. Contact Person: _____
6. Is the organization/agency requesting funding exempt from payment of income tax: Yes No
*If yes, a copy of letter [Form 501(c)3] from the Internal Revenue Service or other appropriate form that verifies this entity is non-taxable **must be attached**.*
7. A copy of financial statement(s) for most previous year or your most recent tax filing **must be attached**.
8. Number of individuals, families, or groups served in the last year in any of the following counties:
Brookings County (SD) _____ Moody County (SD) _____
Lake County (SD) _____ Pipestone County (MN) _____
Minnehaha County (SD) _____ Rock County (MN) _____
9. Does the agency serve outside the counties listed in question Number 7? Yes No
If yes, please provide information on the number served and location:
County: _____ Number Served: _____
County: _____ Number Served: _____
County: _____ Number Served: _____
10. Specific dollar amount requested from Operation Round Up®: \$ _____

11. State purpose of Organization/Agency/School/Community's request (Include specifics as to how funds will be used):

12. List other sources of funding and the amount provided by each contributor for this project: _____

13. How are programs measured for effectiveness? _____

14. Do you have a need for volunteer help with this project? Yes No

15. Please list three references, including phone number and complete address for each:

Place a check to indicate that each of the following items have been included with this application:

- Copy of IRS Form 501(c)3 indicating you are a non-profit organization (Question Number 5)
- Copy of the most recent financial statement or tax filing (Question Number 6)

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

As a condition of receiving and accepting these grant funds, the undersigned agrees that all funds will be used for the project approved and as stated on the application. Any funds not used shall be returned to the Sioux Valley Energy Customers' Trust. The applicant agrees to allow SVE to feature the applicant in its promotional material if a grant is awarded.

On behalf of, and as a representative of the organization, I the undersigned agree to the terms stated above.

Name of Organization: _____

Signature of Representative: _____

Date: _____