

NODAK ELECTRIC TRUST
P. O. Box 13000
Grand Forks, ND 58208-3000
(701) 746-4461

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

All applications for individuals or families must be submitted by an organization or agency such as Social Services, a church, or medical treatment facility. **Letters of support from family members or other organizations must be attached to the application. Applications with no accompanying support letter(s) will be returned to the applicant.**

1. Name of agency or organization submitting application:

Address: _____ Phone Number: _____

Name of Contact Person for Organization Submitting Application:

2. Name of Individual or Family Needing Assistance: _____

Address: _____

(Street and/or Post Office Box)

(City or Town)

(State)

(Zip code)

Phone Number: _____

(Home)

(Work)

3. Reason for Request for Donation: **(Include amount requested and specific use of funds.)**

4. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes _____ No _____
If yes, please list.

5. Price quotes or estimates for devices, material, medical, labor expenses, etc. must be attached to application.

Nodak Electric Trust publishes a list of all successful applications in the *Nodak Neighbor*, Nodak Electric Cooperative, Inc.'s official publication.

The information contained in this statement is for the purpose of obtaining funding from the Nodak Electric 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 Nodak Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Nodak Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

SIGNATURE OF APPLICANT

DATE