

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

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

Address:				
	(Street or Post 0	Office Box)		
	(City or Town)		(State)	(Zip Code)
Phone Nu	ımber			
Thone Ive		(Work)	(Home)	
Contact P	erson:			
		(Name)	(Title)	
Yes	-	sting funding exe If yes, a copy of	mpt from payment of incletter (Form 501[c]3) from	
Yes <u> </u>	NoAust be attac	sting funding exe If yes, a copy of hed. esting funding p	mpt from payment of inc	om Internal Re
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8.	Number of individuals, families, or groups served in Cavalier, Pembina, Walsh, Grand Forks, Ramsey, Steele, Nelson, Traill, Eddy, Griggs, and Benson Counties in last year:
9.	Does agency serve outside Cavalier, Pembina, Walsh, Grand Forks, Ramsey, Steele, Nelson, Traill, Eddy, Griggs and Benson Counties?
	Yes No
	If yes, please provide information on number served and location.
10.	State purpose of organizations/agency request (Include amount requested and specifics of how funds will be used). Applications that do not include a specific dollar amount request will be returned.
11.	List other sources of funding for use of request as described in the above.

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)

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

NAME OF ORGANIZATION
SIGNATURE OF REPRESENTATIVE
DATE