

NAVARRO COUNTY ELECTRIC COOPERATIVE, INC
OPERATION ROUND UP PROGRAM

Post Office Box 616
Corsicana, Texas 75110
903.874.7411

**APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY**

1. Name of Organization: _____

2. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

3. Phone Number: _____

Home

Work

4. Contact Person: _____

Name

Title

5. Is organization requesting funding exempt from payment of income tax:

Yes _ No _ If yes, copy of letter (Form 501 [c]3) from the 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 Ellis, Freestone, Hill, Limestone, or Navarro Counties in the last year: _____

8. Does agency serve outside Ellis, Freestone, Hill, Limestone, and Navarro Counties?

Yes _____ No _____

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

9. For what purpose or project will the funds that you are requesting be used?

Amount of funds requested: _____

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		
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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 Navarro County Electric Cooperative, Inc. (“NCEC”) on behalf of the undersigned in connection with the Operation Round Up Program of NCEC. 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 NCEC may consider this statement as continuing to be true and correct until a written notice of a change is provided. NCEC 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