



**CASS COUNTY ELECTRIC
COOPERATIVE FOUNDATION**

**Proudly Funded by Cass County
Electric Cooperative Members**

3312 42nd Street South, Suite 200
Fargo, ND 58104
(701) 356-4400

APPLICATION FOR GRANT FOR NON-PROFIT ORGANIZATION/AGENCY

*Applicants must complete each applicable line item and sign this original application form. Applications received with attached sheets in lieu of completing any sections of the original form will **NOT** be accepted. This form should not be reproduced, duplicated or distributed in any form.*

Please submit with the completed application a cover letter that summarizes the purpose of the request, impact of the activities, and brief organization information that may include history, mission, goals, collaborations, paid staff and volunteers. Limit of two (2) pages. Similarly, if you would like to provide additional attachments outside of the documents requested in the application, please limit those to two (2) pages as well.

Location district# _____
(Office use only – do not complete.)

1. Name of organization: _____

2. Address: _____
Street or Post Office Box

City or Town

State

Zip Code

3. Phone number: _____
Home Work

Email: _____

4. Contact person: _____
Name Title

5. In order to retain our status as a tax-exempt organization under section 501(c)(3), we are required to keep the following information on file with this application:

Is organization requesting funding exempt from payment of income tax?

Yes _____ No _____

If no, please list tax exemption code: _____

EIN # (required): _____

If yes, a copy of letter/Form 501(c)(3) from the Internal Revenue Service must be attached.

Will the requested grant be used for section 501(c)(3) purposes?

Yes _____ No _____ Please define: _____

6. Please attach a copy of the financial statement(s) for the most previous year and include a copy of the budgeted financial statement for current year:

- Balance Sheet – assets, liability and equity
- Income Statement – projected revenues and projected expenses

7. Number of individuals, families or groups served in Cass, Barnes, Traill, Richland, Ransom, Sargent, Dickey and LaMoure Counties in the last year: _____

If available, please list by county:

Cass	_____	Richland	_____
Dickey	_____	LaMoure	_____
Barnes	_____	Sargent	_____
Traill	_____	Ransom	_____

8. Does agency serve outside Cass, Barnes, Traill, Richland, Ransom, Sargent, Dickey and LaMoure Counties? Yes _____ No _____

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

9. Briefly state the purpose of the organization or agency: _____

10. Please define project needs, total project costs, requested amount (max \$10,000), and use of approved funds within the project. (Include specifics: operational or specific need. Detailed description of items, equipment, etc.):

Amount needed for project: \$_____

Total project costs: \$_____

Project/event start date: ___/___/___

Project/event end date: ___/___/___

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

Name

Amount Requested

Name

Amount Requested

Name

Amount Requested

Name

Amount Requested

12. How will the project/event benefit the community?

13. Please list three references:

Name		Phone	
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Address	City	State	Zip Code
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Relationship to organization

Name		Phone	
------	--	-------	--

Address	City	State	Zip Code
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Relationship to organization

Name		Phone	
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Address	City	State	Zip Code
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Relationship to organization

14. Please list board members: _____

15. As routinely requested, representative who would be available to attend the board meeting:

Name		Phone	
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Relationship to organization		Email	
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After the application deadline has past, an email will be sent to the representative listed above with notification of the scheduled date and time.

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

I understand in applying for funding that if granted, it will be used for the sole purpose as stated in this application.

Further, I understand that if funding is received, I grant permission for its publication in the Cass County Electric Cooperative's monthly publication as well as any other publication the Cass County Electric Cooperative Foundation Board of Directors deems appropriate.

It is understood that this is a one-time grant, with no commitment by Cass County Electric Cooperative Foundation for additional grants.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE