

OAKDALE ELECTRIC COMMUNITY FUND
OPERATION ROUND-UP® TRUST
Post Office Box 40
Oakdale, WI 54649

**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: _____
Work Home

4. Contact Person: _____
Name Title

5. Is organization requesting funding exempt from payment of income tax:
Yes _____ No _____
If yes, a copy of letter (Form 501[c]3) from Internal Revenue Service must be attached.

6. A copy of financial statement(s) for most previous year should be provided. If not available forms will be provided.

- a. Statement attached: _____
- b. Forms requested: _____
- c. Does not apply: _____ (see below)

If you checked "c" above, please explain: _____

7. Approximate number of individuals, families or groups served in and around the Oakdale Electric Cooperative service area in the last year:_____

8. Does agency serve outside the Oakdale Electric Cooperative service area?

Yes

No

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

9. State purpose of organization/agency request (include amount requested and specifics of how funds will be used.

10. List other sources of funding (and amounts) for use of request, and who requested from as described in the above. (From whom else are you asking or applied for funds versus how much you have actually received to date.)

11. How are your agency's programs measured for effectiveness?

12. Please list three references.

(1) _____
Name Phone

Address City State Zip Code

(2) _____
Name Phone

Address City State Zip Code

(3) _____
Name Phone

Address City State Zip Code

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

The application must be completed in its entirety and be very specific in your request. Incomplete applications will not be considered for fund allocation.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE