



KEM ELECTRIC OPERATION ROUNDUP, INC.

**Post Office Box 790
Linton, ND 58552-0790
(701) 254-4666**

**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. What is total amount requested? _____
6. 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.
7. A copy of financial statement(s) for most previous year should be provided.
 - a. Statement attached: _____
8. Number of individuals, families or groups served in Emmons, Kidder, Logan or McIntosh Counties in last year:

9. Does agency serve outside Emmons, Kidder, Logan or McIntosh Counties:
Yes____No____
If yes, please provide information on number served and location.

10. State Purpose of Organization/Agency Request: (Include amount requested and specifics of how funds will be used.)

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

12. How are agencies programs measured for effectiveness?

13. 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

The information contained in this statement is for the purpose of obtaining funding from the KEM Electric Operation Roundup, Inc. 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 KEM Electric Operation Roundup, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The KEM Electric Operation Roundup, Inc. 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