NORTHERN PLAINS ELECTRIC COOPERATIVE TRUST, INC.

Proudly Funded by Northern Plains Electric Cooperative Members

PO BOX 608 CANDO, ND 58324 1-800-882-2500

GUIDELINES FOR FUNDING FOR INDIVIDUAL AND/OR FAMILY

1. Funds shall be disbursed in the general service area of Northern Plains Electric Cooperative solely for charitable, education, scientific, health or safety purposes.

2. Applications for individual and/or family must have a sponsoring organization. Examples of qualifying organizations would be Jaycees, Lions Club, churches, 4-H clubs, American Legion or any other non-profit organization which have officers and hold meetings. The sponsoring organization must submit a letter along with application stating that the organization will be a sponsor for the individual. **The letter must be signed by an officer of the organization.**

3. Sponsoring organizations must be non-profit and be exempt from federal income taxation.

4. The individual and/or family requesting funding must be members of Northern Plains Electric Cooperative. Non-members do not qualify for funding.

5. No funds of the TRUST shall in any fashion be used to support any candidate for political office or for any political purpose.

6. Not more than $2500 will be given annually to any family unit.

7. The Board will not meet less than semiannually to evaluate applications.

8. One of the TRUST activities will be tied to the Annual Membership Meeting.

9. The board reserves the right to carry over applications to a later meeting depending on fund availability and other factors.

10. The board will disperse funds equitably throughout the Northern Plains Electric Cooperative service area as practical.

11. Applications must be returned by the 20th of the month prior to the next meeting for consideration. Quarterly deadlines for applications are February 20, May 20, August 20 and November 20.

12. Call Northern Plains Electric Cooperative office at 1-800-882-2500 if you have any questions.

13. To submit application, you may choose one of the following:

Mail to:	**Email to:**	**Fax to:**
Northern Plains Electric Cooperative Attn: Operation Round Up PO Box 608 Cando, ND 58324	justask@nplains.com *Subject line: ORU*	701-968-1747 *Include cover letter*

NORTHERN PLAINS ELECTRIC COOPERATIVE TRUST, INC. **P.O. Box 608**
OPERATION ROUND UP **Cando, ND 58324**

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

Sponsoring Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization Contact Person: _____Title: _____

Phone Number: (_____) _____ Email: _____

Questions 1-4 must be filled out by the sponsoring organization.

1. Is the sponsoring organization exempt from payment of income tax? Yes_____ No _____ ***(Only tax exempt organizations qualify for funding.)***

2. Briefly describe your organization: _____

3. What percentage of the people served by your organization that are served by Northern Plains Electric Cooperative? _____%

   Please mark the Counties your agency/organization serves:

Benson _____	Eddy_____	Foster_____	Griggs_____
Kidder_____	Stutsman_____	Wells_____	Pierce_____
Ramsey_____	Towner_____	Rolette_____	

   Does your agency/organization serve outside the above listed Counties? Yes_____ No_____
   If yes, please provide information on number served and location(s): _____

   _____

4. **A letter signed by an officer of the organization stating that they will sponsor the application for the named individual/family must be attached.**

Questions 5-14 must be filled out by the recipient, spouse or Power of Attorney.

5. Recipient Name: _____
6. Recipient Address: _____

   City_____ State _____ Zip _____

   Recipient phone number: (_____) _____

7. Recipient's Northern Plains Electric Cooperative account number: _____
   (Non-members do not qualify for funding.)

8. State purpose of request and amount requesting: ***(If more room is needed, please attach separate sheet.)***

   $_____ (not to exceed $2,500)

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

9. Please answer the following questions:
   a. Does the recipient have health insurance? Yes_____ No_____
   b. Is the recipient covered by Medicare? Yes_____ No_____

      Medicaid? Yes_____ No_____ Indian Health Service (IHS)? Yes_____ No_____

      Other? Please specify: _____
   c. Has the recipient applied for charity care, Hill Burton or other programs through a health care provider? Yes_____ No_____ *Circle one:* accepted / denied / not available

10. Please list the recipient's occupation: _____

    a. How has the recipient's job or ability to work been affected _____

       _____

    b. How has the spouse's job or ability to work been affected _____

       _____

11. List all the recipient's members of household:

	Last Name	First Name	Relationship to applicant	Under 18
a.				Y____N____
b.				Y____N____
c.				Y____N____
d.				Y____N____
e.				Y____N____
f.				Y____N____

12. Has the recipient received funding from Northern Plains Electric Cooperative's Operation Round Up in the past? Yes_____ No_____ If yes, list year and amount granted:

    $_____ year_____ $_____ year_____

13. List other sources of funding/benefits held for use of request in this application.

Funding Sources	Amount	Circle One
Name_____	$_____	Requested/Received
Name _____	$_____	Requested/Received
Name _____	$_____	Requested/Received

14. Please list three references:

Name: _____ Title/relationship: _____

Address: _____

Phone: _____Email: _____

Name: _____ Title/relationship: _____

Address: _____

Phone: _____Email: _____

Name: _____ Title/relationship: _____

Address: _____

Phone: _____Email: _____

The information contained in this statement is for the purpose of obtaining funding from the Northern Plains Electric Cooperative Trust, 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 Northern Plains Electric Cooperative Trust Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Northern Plains Electric Cooperative Trust Inc. 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 by signing this application, I am agreeing that my name, the purpose of the Operation Round Up grant and the amount may be published, should this application be successful.

Incomplete applications will NOT be submitted for committee review.

_____

Signature of recipient/applicant:

_____

Date:

***Application must be signed by ultimate recipient, spouse or Power of Attorney; not to be signed by sponsoring organization.**