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 ORGANIZATION/AGENCY

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. Organizations must be non-profit and be exempt from federal income taxation.

3. The organization/agency requesting funding must be within the boundaries of Northern Plains Electric Cooperative service area or benefit Northern Plains Electric Cooperative members.

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

5. Not more than $2500 will be given annually to any group, organization, charity, or like organization.

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

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

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

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

10. 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.

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

12. 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 ORGANIZATION/AGENCY

Organization/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization Contact Person: _____Title: _____

Phone Number: (_____) _____ Email: _____

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

2. **Please attach a copy of your organizations financial statement(s) from the most recent year.**
   - Balance Sheet – assets, liability and equity.
   - Income Statement – projected revenues and projected expense.

3. Briefly describe your organization: _____

_____

_____

4. Define your organization's project needs and use of approved funds within the project. Include specifics.

Project Title: _____

Project/event start date: ____ / ____ / ____ Project/event end date: ____ / ____ / ____

Total project cost: $ _____ Amount requested: $ _____ (not to exceed $2,500)

Description of project: _____

_____

_____

_____

_____

_____

_____

How will this project/event benefit the community: _____

_____

_____

_____

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

Please mark the counties your 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): _____

_____

9. Has the requesting organization 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_____

10. 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

11. Please list three references:

Name: _____ Title/Role: _____

Address: _____

Phone: _____Email: _____

Name: _____ Title/Role: _____

Address: _____

Phone: _____Email: _____

Name: _____ Title/Role: _____

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 Pains Electric Cooperative Trust Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Incomplete applications will NOT be submitted for committee review.

_____	_____
Name of Organization:	Date:
_____	_____
Signature of Representative:	Representative Title: