

**VERNON ELECTRIC COOPERATIVE
OPERATION ROUND UP® FUND
110 Saugstad Rd.
Westby, WI 54667**

608-634-3121 800-447-5051 FAX: 608-634-7481 info@vernonelectric.org

**APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY**

1. Name of Organization: _____

2. Address: _____
Street or Post Office Box

City or Town	State	Zip Code
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3. Contact Person: _____

Name	Title
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Phone #: _____

Daytime	Evening	Best Time to Reach
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4. Amount Requested (\$1,000 max.): _____

5. Use of Funds: (Use additional sheets, if necessary)

6. State type of organization, ownership, non or for profit and tax status. If exempt from payment of income taxes, please attach form 501[c]3 letter from Internal Revenue Service.
7. Please include a copy of financial statements, including sources of income, for two previous years. Also provide a copy of your organization's by-laws.
8. Is your organization/agency receiving or requesting any other form of assistance or aid for above stated request (donation, grants, etc.)? Yes No If yes, please list:
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9. Number of individuals, families or groups your organization serves, by county or township, in the Vernon Electric Cooperative area last year.
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-
10. Number and location of individuals, families or groups your organization serves outside the Vernon Electric Cooperative service area.
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11. Will these funds be used to support any candidate for public office or any political purpose? Yes No If Yes, Explain.
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12. How are your agency's programs measured for effectiveness?

13. Please list three references. (May not be a director or employee of Vernon Electric Cooperative)

Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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I represent that I am authorized by the named organization to make this application on its behalf and to make the assertions in this certification and to bind the organization accordingly. The information contained in this statement is for the purpose of obtaining funding from the Vernon Electric's Operation Round Up Fund on behalf of the named organization. The undersigned understands that the information provided herein is used in deciding to grant funding, and represents and warrants that the information provided is true and complete and that the Vernon Electric Operation Round Up Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Vernon Electric Operation Round Up Fund is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein. I understand that these funds will not be used to support any candidate for public office or any political purpose. I understand that the Vernon Electric Operation Round Up Fund has the right to fully audit the use of this donation at any time. I also understand that Vernon Electric Operation Round Up Fund and Vernon Electric Cooperative may use this application, if approved, for publicity and promotional purposes.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE/TITLE

DATE

CHECKLIST

(Please return with application)

- ___ Filled out application completely.

- ___ Specific details for #5 Use of Funds - The board wants a detailed breakdown of cost for what is being requested: (equipment, accessories, administrative expenses, etc. and/or documentation, bids or quotes). Amount not to exceed \$1,000

- ___ Copy of IRS 501(c)3 letter, if applicable.

- ___ Copies of your organization's financial statements for previous 2 years.

- ___ Copy of your organization's by-laws.