

**FARMERS ELECTRIC COOPERATIVE INC.  
OPERATION ROUND-UP PROGRAM  
(800) 397-4821**

2389 Hwy 92  
PO Box 330  
Greenfield, IA 50849

**APPLICATION FOR DONATION  
FOR ORGANIZATION/AGENCY**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Street or Post Office Box

\_\_\_\_\_

City of Town

State

Zip Code

Phone Number: \_\_\_\_\_

Home

Work

Contact person: \_\_\_\_\_

Name

Title

Is organization requesting funds 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.

A copy of financial statement(s) for most previous year should be provided if available.

a. Statement attached \_\_\_\_\_

b. Not available \_\_\_\_\_

Number of individuals, families or groups served in Adair, Audubon, Cass,  
Guthrie, Madison, or Union Counties in last year: \_\_\_\_\_

Does agency serve outside the above named Counties: yes\_\_\_\_\_no\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State purpose of organization's/agency's request: **(Include amount requested and specifics of how funds will be used)**. Use a separate page if necessary to include all details.)

---

---

---

---

---

List other sources of funding for use of request as described above: \_\_\_\_\_

---

---

---

How are agency's programs measured for effectiveness? \_\_\_\_\_

---

---

---

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 Farmers Electric Cooperative, Inc. Operation Round-Up Program on behalf of the undersigned. Each undersigned understands that the information provided herein is used in the decision to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Farmers Electric Cooperative, Inc. Operation Round-Up Program may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Farmers Electric Cooperative, Inc. Operation Round-Up Program is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Name of Representative

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date