

WRIGHT-HENNEPIN ELECTRIC TRUST
PO BOX 330
ROCKFORD, MN 55373-0330
(763) 477-3000 Ext. 6126

APPLICATION FOR DONATION FOR ORGANIZATION OR AGENCY

Please **type or print** information requested.

1. Name of Organization: _____

2. Address: _____
Street or PO Box

City

State

Zip

3. Phone Number: _____
Work Home

4. Contact Person: _____
Name Title

5. Email: _____

6. Describe briefly the nature of your organization, for example: food shelf, youth program, shelter, educational program, Senior Center. _____

7. State purpose of organization/agency request: (Include amount requested and specifics of how funds from WHET will be used and how will your clients benefit.)
Total: \$ _____

8. 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.
9. A copy of financial statement(s) for most previous year should be provided.
10. Federal Identification Number:_____
11. If your organization currently files a Form 990, please give the amounts for the following information directly from the 990 regarding expenses.

Program Service_____ Management and General_____

Fundraising_____ Total expenses_____

If your organization does not file Form 990 please list the administrative expense in a dollar amount and percentage as well as what percentage and dollar amount is for direct service of your clients.

12. Can you or your parent organization or governmental unit levy taxes:_____
13. Does your organization sell pull tabs or have a license to engage in charitable gambling?_____
- If so, how much do you earn?_____
14. List all other sources of funding for use of request as described in the above:

15. How many people are *within*_____ *and outside*_____ of the Wright-Hennepin service territory will benefit from this project. Please be as specific as possible.

16. Please list three contacts familiar with this application or project who could be contacted to provide additional information (Do not include a director from either Wright-Hennepin Cooperative Electric Board or the Trust Board.):

Name		Phone	
Address		City	State Zip
Name		Phone	
Address		City	State Zip
Name		Phone	
Address		City	State Zip

The information contained in this statement is for the purpose of obtaining funding from the Wright-Hennepin Electric Trust 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 Wright-Hennepin Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Wright-Hennepin Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Applications must be signed or approved by the unit/organizations president prior to submission.



NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE