

Slope Electric Cooperative, Inc. PO Box 338

New England ND, 58647

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2023 Grant Application

Those interested in receiving a grant through RDFC need to work directly with their local cooperative.

PROJECT INFORM	<i>MATION</i>	
Project Title:		
Daginiant.		
Recipient Contact:		
Recipient Mailing Addr	ess (include stre	et address, city, state & zip code):
Recipient Phone #:		Recipient Email:
Request from RDFC: \$		Total Project Costs: \$
(max. \$3,000 / min. \$500)		(\$4 other funds to \$1 RDFC funds – Member assures
		matching fund minimums are secured)
Project Location:		
Recipient Tax ID Numb	er:	
re	ecreation, comm	ed business or facility (i.e. ambulance, hospital, fire district, unity center, etc.) d project (i.e. service group/club; youth/school programs, etc.)
development projects (i.e	: café, grocery sto	ds are to be used for community betterment and/or economic ore, motel; ambulance services, fire districts, recreation; school/youth not provide funds for medical fundraisers or general operating costs.
Funding Sources: Local Incentive Funds	· ·	
State Funds	\$	
Federal Funds	\$	
City	\$ \$	
County	\$ \$	
RDFC Member Co-op	\$	
Bank	\$	
RDFC request	\$	
Other	\$	(Please list)
Total:	\$	(must equal total project costs listed above
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RDFC-MEMBER INFO	RMATION (Uti	ility Cooperative to fill out)
RDFC Member Cooperativ	e: Slope Electric	Cooperative, Inc.
Contact Person:		Title:
Phone Number:		Title: Email address:
Mailing Address:		
Signature of RDFC Author	ized Member	 Date

Cooperatives: Return signed application to RDFC