

Have you had any pending or recent lawsuits challenging the propriety of disbursements and/or actions of your staff, volunteers or board members?

- ☐ Yes
- ☐ No

Have you had any pending or recent publicly viewed as adverse or critical?

- ☐ Yes
- ☐ No

If you have answered yes to either of the previous questions, please give a summary of the circumstances:

Part II

What is the amount of the donation request:

What is the estimated completion date of this project:

Describe the project:

Describe the need for the project:

Describe the geographic area the project will serve:

Describe the community support for the project:

Describe how the project contributes to the mission of the organization:

Why should Basin Electric Power Cooperative support this project:

Describe the expected results from the project:

I acknowledge that all the information in this application is true to the best of my knowledge. I certify that the funds applied for will benefit charity or non-profit purpose.

Authorized signature: _____

Title: _____ Date: _____

Part III

Total fund drive amount: \$_____ Amount secured to date: \$_____

Over what time period is the funding being sought? _____

List major corporate commitments and amounts received for this project:

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List other funding sources and amounts pledged for received for this project:

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Did you receive, or will you request support from United Way for this project?

- ☐ Yes
- ☐ No

Does this project involve affiliation/collaboration with other agencies/organizations?

- ☐ Yes
- ☐ No

If yes, list the names of those agencies and attached any letters of support.

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Project costs	Total	Funds, you are committing to the project
Administrative <i>Includes salaries, benefits, others personal expenses</i>		
Operational <i>Supplies, equipment, daily expense items</i>		
Promotional <i>Fund raising, advertising, marketing expenses</i>		
Other costs <i>Please explain below</i>		
Totals		

Explanation of other costs (if applicable)

I acknowledge that all the information in this application is true to the best of my knowledge. I certify that the funds applied for will benefit charity or non-profit purpose.

Authorized signature: _____

Title: _____ Date: _____

Part IV: Project Evaluation

Who will be responsible for the project evaluation?

Please detail the procedures by which the project will be evaluated:

I acknowledge that all the information in this application is true to the best of my knowledge. I certify that the funds applied for will benefit charity or non-profit purpose.

Authorized signature: _____

Title: _____ Date: _____

Please return this application to Brooke Waltner at Slope Electric.

116 East 12th Street | PO Box 338

New England, ND 58647

bwaltner@slopeelectric.coop

