SLOPE ELECTRIC TRUST, INC.

Board Members: William Gion, Regent

Lane Miller, Hettinger, ND Laurie Braaten, Rhame Karen Gerbig, Amidon Lauren Klewin, Amidon

P.O. Box 338, New England ND 58647-0338 Phone No: 701-579-4191 or 1-800-559-4191

Fax No. 701-579-4193

Email: comments@slopeelectric.coop

Slope Electric Trust, Inc.

Guidelines for funding application from "Operation Round Up"

- 1. Funds shall be dispersed in the general service area of Slope Electric Cooperative solely for charitable, educational, scientific, health and safety purposes.
- 2. Organizations must be exempt from Federal Income Taxation under s501 (a) of the Internal Revenue code of 1986 (or the corresponding provision of any future United States Internal Revenue code (the "Code") as a corporation described in s501 (c) (3) of the code.)
- 3. No funds of the TRUST shall in any fashion be used to support any candidate for political office or for any political purpose.
- 4. Not more than \$1,000 will be given annually to any family unit, group, organization, charity, or like organization.
- 5. The Board will not meet less than semi-annually to evaluate applications.
- 6. One of the TRUST activities will be a report at the Slope Electric Cooperative Annual Membership Meeting each June.
- 7. The Board reserves the right to carry over applications to a later meeting depending on fund availability and other factors.
- 8. The Board will disperse funds equitably throughout the Slope Electric Cooperative service area, as practical.
- 9. Call the Slope Electric Cooperative office at 1-800-559-4191 if you have any questions.
- 10. Operation Round Up is a voluntary program. In order to market the program and educate members on the benefits, and show how their small donations are making a big difference in our local communities, Slope chooses to feature recipients on occasion in the local pages of the *North Dakota Living* magazine. If you are awarded monies and would give permission to be featured, please contact the office at 701-579-4191 or comments@slopeelectric.coop.

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APPLICATION FOR INDIVIDUAL AND/OR FAMILY

Last		First	Middle
OTHER MEMBERS OF H	HOUSEHOLD:		
_ast	First	Middle	Relationship
ADDRESS:			
		st Office Box	
 City		State	
Phone Number:			Zip Code
Home			Work

(1)		
Name	Supervisor	
Address	Phone	
(2)		
Name	Supervisor	_
Address	Phone	
(2) Name	 Supervisor	
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REQUEST FOR DONATION: (Phone Include reason for funds, dollar amount reque D any support documents.)	ested, what the fund
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Name		Phone		
Address	City	State	Zip Code	
 Name		Phone		
Address	City	State	Zip Code	
Name		Phone		
Address	City	State	Zip Code	
alf of the undersigned	the statement is for the purpole. Each undersigned undersigned represed peectric Trust may considenge is provided. The Slope	tands that the infor nts and warrants th der this statement a Electric Trust is au	mation provided herein at the information provic s continuing to be true a	
nplete and that the Slowritten notice of a cha	accuracy of the statements	s made nerein.		