



Carroll Electric Cooperative Inc.'s

People for People Fund

PO Box 67

Carrollton, OH 44615

(330) 627-2116 or 1-800-232-7697



A Touchstone Energy® Cooperative

Application for Donation FOR ORGANIZATION/AGENCY

1. Name of Organization _____

2. Address _____

City _____ State _____ ZIP _____

3. Daytime Phone _____ Evening Phone _____ Best Time to Reach _____

4. Contact Person _____ Title _____

5. Amount Requested _____

6. Use of Funds (use additional sheets, if necessary)

7. State type of organization ownership, non- or for-profit, and tax status. If exempt from payment of income tax, please attach form 501 (C) 3 letter from Internal Revenue Service. _____

8. Please include a copy of financial statements, including sources of income, for two previous years. Also provide a copy of your organization's by-laws.

9. Is your organization/agency receiving or requesting any other form of assistance or aid for above state request (donation, grants, etc.)? _____ Yes _____ No

If yes, please list:

10. Number of individuals, families or groups your organization currently serves, by county in the Carroll Electric Cooperative, Inc. service area. (The Carroll Electric Cooperative, Inc. service area is defined as being Carroll, Columbiana, Jefferson, Harrison, Tuscarawas, and southern Stark counties).

11. Number and location of individuals, families or groups your organization serves outside the Carroll Electric Cooperative, Inc. service area.

12. Will these funds be used to support any candidate for public office or any political purpose? _____ Yes _____ No

If yes, Please explain.

13. How are your agency's programs measured for effectiveness?

14. Please list three references (May not be a trustee or employee of Carroll Electric Cooperative, Inc. or the Carroll Electric's People for People Fund).

Name _____ Phone(s) _____

Address _____ City _____ State _____ ZIP _____

Name _____ Phone(s) _____

Address _____ City _____ State _____ ZIP _____

Name _____ Phone(s) _____

Address _____ City _____ State _____ ZIP _____

15. I represent that I am authorized by the named organization to make this application on its behalf and to make the assertions in this certification and to bind the organization accordingly. The information contained in this statement is for the purpose of obtaining funding from Carroll Electric's People for People Fund on behalf of the named organization. The undersigned understands that the information provided herein is used in deciding to grant funding and represents and warrants that the information provided is true and complete and that the Carroll Electric's People for People Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Carroll Electric's People for People Fund is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein. I understand that these funds will not be used to support any candidate for public office or any political purpose. I understand that the Carroll Electric's People for People Fund has the right to fully audit the use of this donation at any time. I also understand that Carroll Electric's People for People Fund and Carroll Electric Cooperative, Inc. may use this application, if approved, for publicity and promotional purposes.

Name of Organization _____

Signature of Representative/Title _____

Date _____

Carroll Electric's People for People Fund

ORGANIZATION/AGENCY

CHECKLIST

(Please return with application)

_____ Filled out application.

_____ Specific details for # 6 - Use of Funds - The board wants detailed breakdown of cost for what is being requested: equipment, accessories, administrative expenses, etc.

_____ Copy of IRS 501 (c) 3 letter, if applicable.

_____ Copies of your organization's financial statements for previous 2 years.

_____ Copy of your organization's by-laws.

_____ Amount requested.

_____ Signed and dated.