

**Minnesota Valley Cooperative Light and Power Association Trust**  
**501 South 1<sup>st</sup> Street - P. O. Box 248**  
**Montevideo, MN 56265**  
**320.269.2163 or 1.800.247.5051**

## **APPLICATION FOR DONATION FOR ORGANIZATION / AGENCY**

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street, Rural Route or P.O. Box

\_\_\_\_\_  
City, State, Zip

3. Phone: \_\_\_\_\_ / \_\_\_\_\_

4. Contact Person(s): \_\_\_\_\_

5. Is this organization exempt from payment of income tax?  Yes  No

If yes, a copy of letter (Form 501(c) 3) from the Internal Revenue Service must be attached.

6. A copy of the financial statement(s) for the most previous year should be provided.

7. Number of individuals, families or groups served in Chippewa, Lac qui Parle and Yellow Medicine counties last year: \_\_\_\_\_

8. Does agency serve outside Chippewa, Lac qui Parle and Yellow Medicine counties?

Yes  No If yes, please give number served and location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Donation Amount Requested: \$ \_\_\_\_\_

10. State the purpose of this request: (Include specifics of how funds will be used. Attach additional information as needed.)

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11. List other sources of funding you have requested for this project:

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12. How are organization/agency's programs measured for effectiveness?

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13. Please list three references:

(1) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

(2) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

(3) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

*The information contained in this statement is for the purpose of obtaining funding from the Minnesota Valley Cooperative Light and Power Association 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 Minnesota Valley Cooperative Light and Power Association Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Minnesota Valley Cooperative Light and Power Association Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.*

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Signature of Representative**

\_\_\_\_\_  
**Date**