



**Sheridan Electric
Cooperative, Inc.**
A Touchstone Energy® Cooperative

PO Box 227
6408 Hwy 16 S
Medicine Lake, MT 59247
www.sheridanelectric.coop

OPERATION ROUND UP TRUST APPLICATION FOR DONATION



1. Name of Organization: _____

2. Address: _____
Street or Post Office Box City State Zip Code

3. Contact Person: _____
Name Title Cell Phone
Home Phone Work Phone Email

4. Is organization requesting funding exempt from payment of income tax?
Yes _____ No _____ If yes, copy of letter (Form 501 [c]3) from the Internal Revenue Service
must be attached (if applicable).

5. Purpose of Organization/History: _____

6. Explain how your organization serves SEC's service territory.

7. How does this specific project benefit the community and fulfill SEC's Operation Round Up Mission Statement? _____

8. State purpose of request including dollar amount and how funds will be used.

9. List other funding sources and amounts solicited or received for project: _____

The information contained in this statement is for the purpose of obtaining funding from the Sheridan Electric Cooperative, Inc. 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 Sheridan Electric Cooperative, Inc. Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Sheridan Electric Cooperative, Inc. Trust is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE

CO-OP USE ONLY

DATE RECEIVED: _____

DATE REVIEWED: _____

AMOUNT APPROVED: _____

DATE DISTRIBUTED: _____

Check #: _____

OFFICER SIGNATURE: _____

OFFICER SIGNATURE: _____