



Application for Donation for Organization/Agency

1. Name of Organization/Agency: _____

2. Address: _____
City State Zip

Physical Address (if different): _____
City State Zip

3. Contact Person: _____
Name Title

4. Phone: _____ work _____ home _____ cell
(Where you can be reached at any time)

5. Purpose of Organization/Agency: _____

6. Number of individuals, families or groups served in Kay, Osage, Noble, Grant and Garfield counties in the last year: _____

7. Does Organization/Agency serve outside Kay, Osage, Noble, Grant and Garfield counties?
____ Yes ____ No

If yes, please provide information on number served and location.

8. Please attach a statement of the purpose for this request, an explanation of the source of your funding (county tax, etc.) and how it is being used. Also include **two competitive bids** for the items(s) to be purchased with these funds.

9. Amount requested: _____ What will these funds be used for? _____

10. Is organization/agency exempt from payment of income tax: ____ Yes ____ No.
If yes, a copy of the letter (**Form 501C3**) from the Internal Revenue service **must** be attached.

11. List the amount and source of any matching funds available for this request.

12. How is this organization/agency program measured for effectiveness?

Please list three references familiar with your project.

Name	Phone
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Address	City, State, Zip
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Name	Phone
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Address	City, State, Zip
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Name	Phone
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Address	City, State, Zip
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The information contained in this statement is for the purpose of obtaining funding from the Kay Electric Community Foundation, on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding to donate funds, and the undersigned represents and warrants that the information provided is true and complete and that the Foundation, may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kay Electric Community Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization/Agency

Signature of Representative	Date
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