



NEW TOWN

STANLEY

WILLISTON

MWEC OPERATION ROUND UP®

APPLICATION FOR DONATION

pr@mwec.com

PO Box 1346, Williston ND 58802

1.	Identify which Operation Round-Up Program you would like to apply to:			
	Mountrail Cooperative Trust (project must impact Mountrail County)			
	Williams Cooperative Trust (project must impact Williams County)			
2.	Name of Organization:			
3.	Address:			
4.	Email Address:			
5.	Phone Number:			
	()			
6.	Contact Person:			
7.	Is organization classified as a non-profit and/or community-based organization? Yes No			
8.	Is organization a for-profit organization? Yes No			
9.	Is organization a Mountrail-Williams Electric Cooperative member? Yes No			
0.	A copy of financial statement(s) for most previous year should be provided. Statement Attached			

oes organ	ization serve outside the county?
Ye	s
No	
If yes, ple	ease provide information on number served and location(s):
	ose of funding request: project cost, amount requested and specifics of how funds will be used.)
	Amount Requested:
ist other s	ources of funding for use of request as described in the above:
low are or	ganization's programs measured for effectiveness?
lease incl	ude up to 3 letters of reference:

The information contained in this statement is for the purpose of obtaining funding from the Operation Round Up® Program 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 Operation Round Up® Program consider this statement as continuing to be true and correct until a written notice of a change is provided.

The Operation Round Up® Program 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	