

MOUNTRAIL COOPERATIVE TRUST OPERATION ROUND UP® PROGRAM

PO BOX 59
355 MAIN ST
NEW TOWN, ND 58763
(701) 627-3550
FAX: (701) 627-3502

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____
Street or Post Office Box

City or Town State Zip Code

3. Phone Number: _____
Work/Home

4. Contact Person: _____

5. Is organization classified as a non-profit? YES _____ NO _____

6. A copy of financial statement(s) for most previous year should be provided. A current bank statement is adequate. If not available forms will be provided.

a. Statement attached _____

b. Forms requested _____

7. Number of individuals, families or groups served in Mountrail County last year: _____

8. Does agency serve outside the Mountrail County? YES _____ NO _____

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

9. State purpose of Organizations/Agency Request: (Include total project cost, amount requested and specifics of how funds will be used.) Amount Requested: \$ _____

10. List other sources of funding for use of request as described in the above:

11. How are organization's programs measured for effectiveness?

12. Please list three references:

1. Name: _____

Address: _____

Phone Number: _____

2. Name: _____

Address: _____

Phone Number: _____

3. Name: _____

Address: _____

Phone Number: _____

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