



**WEST CENTRAL ELECTRIC
ROUNDUP FOUNDATION, INC.**

APPLICATION FOR DONATION

Organization: _____ EIN Number: _____

Address: _____

Contact: _____ Title: _____

Phone: _____ Email: _____

How did you learn of our Foundation? _____

PROJECT DESCRIPTION

Answers may be attached separately if additional space is required.
All information is mandatory for application to be considered for funding.

Project Title: _____

Project Description:

Amount Requested: \$

Please describe how funds will be used. Be specific.

Please describe the timeline for your project:

In a separate attachment, please include an itemized listing of intended funding use. Include dollar amounts. Quotes and photos are encouraged, when appropriate.

If funding is approved, an invoice or statement demonstrating proof of purchase must be received before funds are released.

List other sources of funding for project, if applicable.

How does your organization measure effectiveness of program(s) and/or use of funds? Be specific.

WEST CENTRAL ELECTRIC COOPERATIVE MEMBERS SERVED

Number of individuals, families, and/or groups served WITHIN Jackson, Johnson, Lafayette, Pettis, and Saline (within the West Central Electric Cooperative service territory) in the past year: _____

Specific counties served:

Number of individuals, families, and/or groups served OUTSIDE OF Jackson, Johnson, Lafayette, Pettis, and Saline (within the West Central Electric Cooperative service territory) in the past year: _____

Specific counties served:

FINANCIAL INFORMATION

	YES	NO
Funds exempt from payment of income tax? <i>If yes, a copy of organization's 501(c)(3) must be attached.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is the organization's 501(c)(3) form attached to the application?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a copy of the organization's financial statement(s) from the most recent year.		
Is a copy of the financial statement(s) attached?	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

Please list up to three additional organizational contacts, including leadership, volunteers, and/or those directly served or affected by potential funding.

Name: _____

Title/Role: _____

Address: _____

Phone: _____ Email: _____

Does the WCE Roundup Foundation have permission to contact this individual? YES NO

Name: _____

Title/Role: _____

Address: _____

Phone: _____ Email: _____

Does the WCE Roundup Foundation have permission to contact this individual? YES NO

Name: _____

Title/Role: _____

Address: _____

Phone: _____ Email: _____

Does the WCE Roundup Foundation have permission to contact this individual?

The information contained in this statement is for the sole purpose of obtaining funding from the WCE Roundup Foundation on behalf of the undersigned. Each undersigned understands that the information provided within the application will be used in deciding whether to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the WCE Roundup Foundation may consider this statement as continuing to be true and correct until a written notice of change is provided. The WCE Roundup Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Incomplete application will NOT be submitted for committee review.

Name of Organization

Signature of Representative
(If school, must be signed by the
Principal or Superintendent)

Date

Please submit this application to:
West Central Electric Cooperative, Inc.
Attention: Roundup Foundation
PO Box 452
Higginsville, MO 64037

Applications may also be submitted via fax at 660.584.7949 or via email at kim@wcecoop.com

Questions?
Contact Kim Lewis at 816.565.4942