

HIGH PLAINS POWER ROUND UP FOUNDATION
PO BOX 713
RIVERTON WY 82501
(307) 856-9426

APPLICATION FOR DONATION
FOR ORGANIZATION OR AGENCY

Please type or print information requested.

1. Name of
Organization: _____

2.
Address: _____
Street or PO Box

City	State	Zip
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3. Phone
Number: _____

Work	Home
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4. Contact
Person: _____

Name	Title
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5. Describe briefly the nature of your organization, for example: food shelf, youth program, shelter, educational program, Senior Center. _____

6. State purpose of organization/agency request: (Include amount requested and specifics of how funds from High Plains Power Round Up Foundation will be used.)

Total: \$ _____

7. Is organization requesting funding exempt from payment of income tax:

Yes ___ No ___

If yes, a copy of letter (Form 501(c)3) from Internal Revenue Service must be attached.

8. A copy of financial statement(s) for most previous year should be provided.

9. What percentage are your administrative expenses? What percentage goes directly to service of your clients?

10. Can you or your parent organization or governmental unit levy taxes: _____

11. Does your organization sell pull tabs or have a license to engage in charitable gambling? _____
If so, how much do you earn? _____

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

13. How many people are within _____ and outside _____ of the High Plains Power service territory will benefit from this project and in what way? Use the attached map to determine location of the service territory. Please be specific.

14. Please list three contacts familiar with this application or project who could be contacted to provide additional information (Do not include a director from either High Plains Power, Inc. or the High Plains Power Round Up Foundation Board.):

Name		Phone		
Address	City	State	Zip	
Name		Phone		
Address	City	State	Zip	
Name		Phone		
Address	City	State	Zip	

The information contained in this statement is for the purpose of obtaining funding from the High Plains Power Round Up Foundation 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 High Plains Power Round Up Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The High Plains Power Round Up Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. Applications must be signed or approved by the unit/organizations president prior to submission.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE