

## Donation application for organization or agency

Please **type or print** information requested.

Name of organization \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_  
Work \_\_\_\_\_ Home \_\_\_\_\_

Contact person \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

1. Briefly describe the nature of your organization. For example, food shelf, youth program, shelter, education program, senior center, etc.

2. State purpose of the organization/agency request. Please include amount requested and specifics of how funds from WH Electric Trust will be used and how your clients benefit.

Amount requested: \$ \_\_\_\_\_

3. Is organization requesting funding exempt from payment of income tax? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, must include an attached copy of letter (Form 501(c)3) from Internal Revenue Service.

4. Provide a copy of financial statement(s) for previous year.

5. Federal Identification Number \_\_\_\_\_

6. If organization currently files a Form 990, please give the amounts for the following information directly from the 990 regarding expenses.

Program service \_\_\_\_\_ Management and general \_\_\_\_\_

Fundraising \_\_\_\_\_ Total expenses \_\_\_\_\_

If organization does not file Form 990, please list both the administrative expense and direct service of clients in a dollar amounts and percentages.

7. Can you, your parent organization or governmental unit levy taxes? \_\_\_\_\_

8. Does organization sell pull tabs or have a license to engage in charitable gambling? \_\_\_\_\_

If so, how much do you earn? \_\_\_\_\_

9. List all other sources of funding for use of request described.

10. How many people *within* \_\_\_\_\_ and *outside* \_\_\_\_\_ of Wright-Hennepin's service territory will benefit from this project. Please be as specific as possible.

Please list three contacts familiar with this application or project who could be contacted to provide additional information. Do not include anyone from Wright-Hennepin's Board of Directors or Trust Board.

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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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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 Wright-Hennepin Electric Trust (WHET) on behalf of the undersigned. Each undersigned understands the information provided herein is used in deciding to grant funding. Each undersigned represents and warrants the information provided is true and complete and WHET may consider this statement as continuing to be true and correct until a written notice of a change is provided. WHET is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

Applications must be signed or approved by the unit/organization's president prior to submission.

Name of organization \_\_\_\_\_

Signature of representative \_\_\_\_\_

Date \_\_\_\_\_

Please mail complete application and necessary forms to the address below:

Wright-Hennepin Electric Trust  
PO Box 330  
Rockford, MN 55373-0330

