



BRIDGER VALLEY ELECTRIC ROUND-UP FOUNDATION®

P.O. BOX 399
MOUNTAIN VIEW, WY 82939
307-786-2800

APPLICATION FOR ORGANIZATION OR AGENCY

PLEASE PRINT:

NAME OF ORGANIZATION: _____

PHONE NUMBER: _____

ADDRESS: _____

CITY

STATE

ZIP

MAILING ADDRESS (IF DIFFERENT): _____

CITY

STATE

ZIP

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL: _____

1. DESCRIBE BRIEFLY THE NATURE OF YOUR ORGANIZATION. FOR EXAMPLE: YOUTH PROGRAM, SHELTER, EDUCATIONAL PURPOSES ECT.

2. AMOUNT OF REQUEST: \$ _____

3. DESCRIPTION OF HOW FUNDS WILL BE USED:

4. IS ORGANIZATION REQUESTING FUNDING EXEMPT FROM PAYMENT OF INCOME TAX?

YES

NO

IF YES, A COPY OF LETTER (FROM 501) FROM INTERNAL REVENUE SERVICE MUST BE ATTACHED.

***A COPY OF FINANCIAL STATEMENT FOR MOST PREVIOUS YEAR SHOULD BE PROVIDED.**

5. WHAT PERCENTAGE ARE YOUR ADMINISTRATIVE EXPENSES?

6. WHAT PERCENTAGE GOES DIRECTLY TO SERVE YOUR CLIENTS?

7. CAN YOU OR YOUR PARENT ORGANIZATION OR GOVERNMENTAL UNIT LEVY TAXES?

YES

NO

8. HOW MANY PEOPLE WITHIN THE BRIDGER VALLEY ELECTRIC TERRITORY WILL BENEFIT FROM THIS PROJECT AND IN WHAT WAY?

9. PLEASE LIST THREE CONTACTS FAMILIAR WITH THIS APPLICATION OR PROJECT WHO COULD BE CONTACTED TO PROVIDE ADDITIONAL INFORMATION. (DO NOT INCLUDE OR EMPLOYEE FROM BRIDGER VALLEY ELECTRIC ASSOCIATION)

CONTACT #1

NAME:

PHONE:

CONTACT #2

NAME:

PHONE #

CONTACT #3

NAME:

PHONE #

THE INFORMATION CONTAINED IN THIS STATEMENT IS FOR THE PURPOSE OF OBTAINING FUNDING FROM THE BRIDGER VALLEY ELECTRIC ROUND-UP FOUNDATION® ON BEHALF OF THE UNDERSIGNED. EACH UNDERSIGNED UNDERSTANDS THAT THE INFORMATION PROVIDED HERIN IS USED IN DECIDING TO GRANT FUNDING, AND EACH UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT BRIDGER VALLEY ELECTRIC ROUND-UP FOUNDATION® MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS PROVIDED. THE BRIDGER VALLEY ELECTRIC ROUND-UP FOUNDATION® IS AUTHORIZED TO MAKE ALL INQUIRES THEY DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HERIN. APPLICATIONS MUST BE SIGNED OR APPROVED BY THE UNIT/ORAGNIZATION'S PRESIDENT PRIOR TO SUBMISSION.

NAME OF ORGANIZATION:

SIGNATURE:

TITLE OF REPRESENTATIVE:

DATE: