

Application for Organization

Instructions: This file is a fillable electronic PDF form. You may also fill it out by hand. If you need more space than provided please attach extra pages as needed. Please review the Trust Funding Guidelines at www.kec.com prior to completing the application.

Organization Information		
Organization Name:		
Contact Person/Title:		
Mailing Address:		
City:	State:	ZIP Code:
Physical Address:		
Phone:	Email:	Website:
Fed. Tax ID#:	Is the organization a 501(c)(3):	YES* NO
*If organization is requesting funding exempt from payment of income tax, a copy of IRS 501(c)(3) letter must be attached.		
Financials: please attach a copy of financial statement for the previous year.		
For school requests: please attach PTO budget	Private school annual tuition: \$	

Mission & Service			
Provide a brief explanation of the organization's mission (attach additional pages as needed):			
List the number of individuals, families or groups your organization serves annually in the following counties below:			Total number served:
Kootenai:	Bonner:	Benewah:	Spokane:
Does the agency serve outside the above mentioned counties?			YES* NO
*If yes, please provide information on number served and location:			
How many people will the funding request affect in the next calendar year:			
Is the organization a United Way Agency?			YES NO
Is the organization affiliated with any religious organizations?			YES NO
Does the organization receive any state, federal or tribal funds?			YES NO
Is your organization anticipating or currently involved in any lawsuits or litigation?			YES NO
If yes, explain:			

What is your request? \$2,500 maximum

Please be specific and include details on how the funds will be used. Attach additional pages as necessary.

AMOUNT: \$

How do you plan to evaluate the success of your project or program?

Does your organization (or program) have other sources of funding?

Attach additional pages as necessary.

References

Name:	Address:	Phone:
1.		
2.		
3.		

The information contained in this statement is for the purpose of obtaining funding from the Kootenai Electric Trust 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 Kootenai Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kootenai Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. We understand that if we are selected for funding by the Kootenai Electric Trust our name may be used in the promotion of the Operation Round Up Program.

Please review and initial below:

- If the request above changes or is funded by another source prior to the Trust Board's quarterly meeting, the organization agrees to return the funds and/or reapply. _____ (please initial)

Signature of representative:	Date:
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