

McLean Electric Trust, Inc.

PO Box 399

Garrison, ND 58540

Attn: Sonja Moe

701-463-6700

1-800-263-4922

www.mcleanelectric.com



Application for Donation

Name of Organization: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Work Phone #: _____

Home Phone #: _____

1. Please include your 501(c)(3) letter from the IRS to qualify for this grant. **To obtain a letter contact the IRS at 877-829-5500. If no, your organization does not qualify for a grant from the McLean Electric Trust.**

2. A copy of the organizations **most recent year financial statement(s)** must be provided.

3. Number of Individuals, families or groups served outside McLean Electric Cooperative's service area in the last year: _____

4. Does the organization serve within McLean Electric Cooperative's service area? Yes _____ No _____
(If yes please provide information on number served and location.

5. Amount requested: *(Maximum \$2,500.00 per year, per organization)* \$ _____

6. State the Purpose of the request: **include specifics of how funds will be used.** (Use a separate page if needed)

(Incomplete applications will be denied)

If the Grant is for an Organization or Agency please answer the following:

List all other sources of funding and the proposed budget for this project or request.
(Use a separate page if needed)

1. Add a detailed quote or estimate for this project or request.
(Use a separate page if needed)

2. Please list three references (name, address, home phone number and work phone number)
 1. _____
 2. _____
 3. _____

If the Grant is for an Individual please Answer the following:

Medical Assistance Information:

Recipients Name: _____

Recipient Address: _____

1. Is the recipient a member of McLean Electric Cooperative? Yes _____ No _____
2. Does the Recipient have health insurance? Yes _____ No _____
3. Has the recipient applied for charity care, Hill Burton, Medicaid or other program through the health provider? Yes _____ No _____ Accepted _____ Declined _____ Not Available _____
4. Is the recipient able to work? Yes _____ No _____
5. How has the spouse's job or ability to work been affected? _____

Important! Please Read and Sign.

The information contained in this statement is for the purpose of obtaining funding from the McLean Electric Trust, Inc. 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 McLean Electric Trust Inc. may consider this statement as continuing to be true and correct until a written notice of change is provided. The McLean Electric Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Do you Have:

- Signature _____
- Financial Statement _____
- 501 (c)(3) Letter _____
- Estimates _____

Signature of Applicant/Recipient

Title in Organization or Agency

Date

(Incomplete applications will be denied)