

# Intercounty Charitable and Educational Foundation

PO Box 209

Licking, Missouri 65542

toll-free 866-621-3679, fax 573-674-2985

Attn: *Operation Round Up* Coordinator

## Application For Donation For Organization/Agency

*(Please type or print clearly with dark ink.)*

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

Street or Post Office Box

\_\_\_\_\_

City/Town

State

Zip Code

County

3. Phone Number: \_\_\_\_\_

Work

Home

4. Contact Person: \_\_\_\_\_

Name

Title

5. Amount of Request (please state specific amount): \_\_\_\_\_

Purpose of Organization's/Agency's Request (include specifics of how funds will be used): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is organization requesting funding exempt from payment of income tax under IRC Section 501 [c][3]?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a copy of determination letter from Internal Revenue Service must be attached.

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

a. Statement attached: \_\_\_\_\_

b. Annual budget: \_\_\_\_\_

c. Number of paid employees: \_\_\_\_\_

8. Number of individuals, families, or groups served in Texas, Phelps, Dent, Wright, Maries, Shannon, Pulaski, Gasconade, and Crawford counties in the last year: \_\_\_\_\_

9. Does agency serve outside Texas, Phelps, Dent, Wright, Maries, Shannon, Pulaski, Gasconade, or Crawford counties? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide information on number served and location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Sometimes an application has to be tabled until the next monthly meeting because of time constraints or lack of enough information on an application. If this is the case, what is the time constraint on the need expressed in this application?

\_\_\_\_\_

11. List other sources of funding:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are the agency's programs measured for effectiveness? If so, how are the programs measured?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **REFERENCES**

Please list three references (May not be a director or employee of Intercounty Electric Cooperative or the Intercounty Charitable and Educational Foundation).

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Name	Phone	Relationship/Position	
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Address	City	State	Zip Code
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Name	Phone	Relationship/Position	
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Address	City	State	Zip Code
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The information contained in this statement is for the purpose of obtaining funding from the Intercounty Charitable and Education 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 Intercounty Charitable and Educational Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. **The Intercounty Charitable and Educational Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.**

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Name of Organization

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Name & Title of Representative

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Signature of Representative

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Date