VERENDRYE ELECTRIC TRUST, INC.
1225 Highway 2 Bypass E
Minot, ND 58701
1-800-472-2141
www.verendrye.com

Applications will be denied without:

-Signature ___
-Financial Statement ___
-501 (c) 3 letter ___
-Estimates ___

Application for Donation (Organization/Agency)

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 Verendrye 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 Verendrye Electric Cooperative's service area in the last year: _____

4. Does the agency or organization serve within Verendrye Electric Cooperative's service area?
Yes_☐___ No__☐__(**If yes please provide information on number served and location**)

5. **Amount requested*: (Maximum $2,500 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)

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

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

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9. Please list three references (name, address, home phone number and work phone number):

1.

2.

3.

Medical Assistance Information:

Recipient Name: _____

Recipient Address: _____

1. If you are applying for an individual, please answer the following questions.
   a. Is the recipient a member of Verendrye Electric Cooperative?
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 care 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! Read and sign or type your name.

The information contained in this statement is for the purpose of obtaining funding from the Verendrye Electric Trust, Inc. on behalf of the undersigned. By signing or typing you name, you understand 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 Verendrye Electric Trust Inc. may consider this statement as continuing to be true and correct until a written notice of change is provided. The Verendrye Electric Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant X _____

Title in Organization or Agency _____

Date _____

(Incomplete applications will be denied) **Revised 1/19/2016**