



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 _____

1. Include your 501 (c)(3) letter from the IRS to qualify for this grant. To obtain one, call the IRS at 877-829-5500. If your organization does not have one, you do not qualify. Government entities do not need this.

2. Does your organization serve Verendrye members? If so, approximately how many?
(If you don't know the exact number, provide an estimate or general idea of geographical areas served.)

3. Amount requested (maximum \$2,500 annually):

4. Purpose of grant. Include specifics of how the funds will be used. Use separate page if needed:

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

6. Add a detailed quote or estimate for this project or request. Use a separate page if needed. Not required for medical assistance. Provide actual estimates from a vendor if possible.

7. List three references (name, address, home phone number and work phone number:

1. _____

2. _____

3. _____

Medical Assistance Information:

Recipient name and address: _____

- 1. Is the recipient a member of Verendrye Electric Cooperative? Yes ___ No ___
- 2. Does the recipient have health insurance? Yes ___ No ___
- 3. Has the recipient applied for any charity care, either government funded or private? Yes ___ No ___
If yes, please explain.

2. Is the recipient able to work and 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 _____