



Mor-Gran-Sou Electric
Charitable Foundation, Inc.
202 6th Avenue West
P.O. Box 297
Flasher, ND 58535-0297
Phone: 701-597-3301, 701-663-0297, 800-750-8212

Board Members: Sandy Schmid, Jeff Tweten, Linda Urlacher,
Angie Doll, and Jeanette Two Shields

**APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY**

1. **Name of Organization:** _____

2. Address: _____
Street or Post Office Box

City _____ State _____ Zip Code _____

3. Telephone: _____
Business Phone _____ Home Phone _____

4. **Contact Person:** _____

5. Address: _____
Street or Post Office Box

City _____ State _____ Zip Code _____

6. Telephone: _____
Business Phone _____ Home Phone – Contact Person _____

7. Total Amount Requested: \$ _____ Completion Date: _____

8. Is the organization requesting funding exempt from payment of income tax: Yes ___ No ___
If Yes, a copy of letter (Form 501 (c) 3) from the Internal Revenue Service must be attached.

9. A copy of organization's most recent year financial statement(s) must be provided. (IF
APPLICATION IS ON BEHALF OF AN INDIVIDUAL, NO FINANCIAL STATEMENT IS
NECESSARY).

A. Statement Attached: _____

10. Number of individuals, families, or groups served in Mor-Gran-Sou Electric Cooperative's

11. Does your organization/agency serve outside Mor-Gran-Sou Electric Cooperative's service area?
No ____ Yes ____ If yes, please provide information on numbers of individuals, families, or groups served and their location:

12. State purpose of Organization /Agency request: Include specifics of how funds will be used:

13. List all other sources of funding (**pledged and received**) and proposed budget for this project or request:

14. Add a detailed quote or estimate for this project or request:

15. How are your organization/agency programs measured for effectiveness?

16. Please list three references:

a) _____
Name **Phone**

_____ _____
Address City State Zip Code

b) _____
Name **Phone**

_____ _____
Name **Phone**

_____ _____
Address City State Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Mor-Gran-Sou Charitable Foundation, Inc., on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the Mor-Gran-Sou Charitable Foundation, Inc., may consider this statement as continuing to be true and correct until a written notice or a change is provided.

The Mor-Gran-Sou Electric Charitable Foundation, Inc. is authorized to make all the inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant

Title

Date

(Incomplete applications will be denied)