



WHEATLAND RURAL ELECTRIC ASSOCIATION  
ROUNDUP FOUNDATION  
2154 SOUTH ST.  
WHEATLAND, WY 82201

**APPLICATION FOR DONATION ORGANIZATUON/AGENCY**

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

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

Street or PO Box

City or Town

State

Zip Code

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

Work

Home

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

Name

Title

5. **Is organization requesting funding exempt from payment of income tax:**

YES

NO

If yes, a copy of letter (Form 501[c]3) from Internal Revenue Service must be attached.

6. **A copy of most recent financial statement(s) should be provided.**

7. **Number of individuals, families or groups served in the last year:** \_\_\_\_\_

8. **Does agency only serve within the Wheatland Rural Electric Service Territory:**

YES

NO

If no, please provide information on number served and location.

**9. State Purpose of Organization/Agency Request:** (Include amount requested and specifics of how funds are going to be used.)

**10. List of other sources of funding for use of request as described in the above:**

**11. How are agencies programs measured for effectiveness:**

**12. Please list three references.** (May not be a director or employee of Wheatland REA.)

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

**\*\*\*The Wheatland REA Roundup Foundation Board generally meets on the fourth Tuesday of each month.**

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Signature of Representative**

\_\_\_\_\_  
**Date**