



3312 42<sup>nd</sup> Street South, Suite 200  
Fargo, ND 58104  
(701) 356-4400

## APPLICATION FOR GRANT FOR NON-PROFIT ORGANIZATION/AGENCY

*Applicants must complete each applicable line item and sign this original application form. Applications received with attached sheets in lieu of completing any sections of the original form will NOT be accepted. This form should not be reproduced, duplicated or distributed in any form.*

*Please submit with the completed application a cover letter that summarizes the purpose of the request, impact of the activities, and brief organization information that may include history, mission, goals, collaborations, paid staff and volunteers. Limit of two (2) pages. Similarly, if you would like to provide additional attachments outside of the documents requested in the application, please limit those to two (2) pages as well.*

**Location district#** \_\_\_\_\_  
(Office use only – do not complete.)

1. Name of organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_

City or Town

State

Zip Code

3. Phone number: \_\_\_\_\_  
Home Work

Email: \_\_\_\_\_

4. Contact person: \_\_\_\_\_  
Name Title

5. In order to retain our status as a tax-exempt organization under section 501(c)(3), we are required to keep the following information on file with this application:

Is organization requesting funding exempt from payment of income tax?

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

If no, please list tax exemption code: \_\_\_\_\_

EIN # (required): \_\_\_\_\_

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

Will the requested grant be used for section 501(c)(3) purposes?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please define: \_\_\_\_\_

6. Number of individuals, families or groups served in Cass, Barnes, Traill, Richland, Ransom, Sargent, Dickey and LaMoure Counties in the last year: \_\_\_\_\_

If available, please list by county:

Cass	_____	Richland	_____
Dickey	_____	LaMoure	_____
Barnes	_____	Sargent	_____
Traill	_____	Ransom	_____

7. Does agency serve outside Cass, Barnes, Traill, Richland, Ransom, Sargent, Dickey and LaMoure Counties? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide information on number served and location:

8. Briefly state the purpose of the organization or agency:

9. Please define project needs, total project costs, requested amount (max \$10,000), and use of approved funds within the project. (Include specific need, detailed description of items, equipment, etc.):

Amount needed for project: \$\_\_\_\_\_

Total project costs: \$\_\_\_\_\_

Project/event start date:

Project/event end date:

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

\_\_\_\_\_

Name

\_\_\_\_\_

Amount Requested

\_\_\_\_\_

Name

\_\_\_\_\_

Amount Requested

\_\_\_\_\_

Name

\_\_\_\_\_

Amount Requested

\_\_\_\_\_

Name

\_\_\_\_\_

Amount Requested

11. How will the project/event benefit the community?

12. Please list three references:

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Name		Phone	
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Address	City	State	Zip Code
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Relationship to organization

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Name		Phone	
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Address	City	State	Zip Code
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Relationship to organization

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Name		Phone	
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Address	City	State	Zip Code
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Relationship to organization

13. Please list board members:

14. As routinely requested, representative who would be available to attend the board meeting:

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Name		Phone	
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Relationship to organization		Email	
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**After the application deadline has past, an email will be sent to the representative listed above with notification of the scheduled date and time.**

The information contained in this application is for the purpose of obtaining funding from the Cass County Electric Cooperative 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 Cass County Electric Cooperative Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Cass County Electric Cooperative Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

I understand in applying for funding that if granted, it will be used for the sole purpose as stated in this application.

**Further, I understand that if funding is received, I grant permission for its publication in the Cass County Electric Cooperative's monthly publication as well as any other publication the Cass County Electric Cooperative Foundation Board of Directors deems appropriate.**

It is understood that this is a one-time grant, with no commitment by Cass County Electric Cooperative Foundation for additional grants.

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**NAME OF ORGANIZATION**

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**SIGNATURE OF REPRESENTATIVE**

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**DATE**