

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY



Agralite Electric Trust
Post Office Box 228
Benson MN 56215
612-843-4150 or 1-800-950-8375

As a representative of the following organization I would like to request a grant from Agralite Electric Trust and Operation Round Up Funds.

1. Name of Organization: _____

2. Address: _____
Street, Rural Route or PO Box

City State Zip Code

3. Contact Person: _____
Name

Title

4. Phone Number: _____
Work Home

5. Is this organization exempt from payment of income tax?

Yes _____ No _____

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

6. A copy of the financial statement(s) for the previous year should be provided.

Statement attached _____

Name

Phone

Address City State Zip Code

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

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE

Agralite Electric Trust meets quarterly to decide on grant applications. Applications received by the time of the meeting will be considered. For convenience, applications should be received by the first of the month so they can be copied and sent to board members. The board normally meets early in the months of January, April, July, and October. Sent all applications to:

*LeRoy Cluever
Member Service Director
Agralite Cooperative
PO Box 228
Benson, MN 56215*