



APPLICATION FOR DONATION

Application and all requested documents should be submitted to:

Southwestern Electric Cooperative, Inc.

Operation Round Up

525 US Route 40

Greenville, IL 62246

(800) 637-8667

www.sweci.com

1. Name of organization: _____

2. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

3. Phone Number(s): _____

4. Contact Person: _____

5. Is organization requesting funding exempt from payment of income tax:
Yes ___ No ___. If yes, such documents from the Internal Revenue Service must
be provided.

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

7. The number of individuals, families, or groups your organization serves in
Southwestern Electric Cooperative's service area in the past 12 months: _____

8. Does your organization serve outside of Southwestern Electric Cooperative's
service area? Yes ___ No ___

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

9. State your request and purpose. Include amount requested and specifically how the funds will be used.

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

11. How will this project or program be measured for effectiveness?

12. Please list three references. Include name, complete address, and contact numbers.

1.	_____			_____
	<i>Name</i>			<i>Phone</i>
	_____	_____	_____	_____
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
2.	_____			_____
	<i>Name</i>			<i>Phone</i>
	_____	_____	_____	_____
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
3.	_____			_____
	<i>Name</i>			<i>Phone</i>
	_____	_____	_____	_____
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

The information contained in this statement is for the purpose of obtaining funding from the Operation Round Up, a program established by Southwestern Electric Cooperative, Inc. on behalf of its members.

The undersigned understands that the information provided herein will be used in deciding possible grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the trustees of the cooperative and the Operation Round Up program may consider this statement as true and correct unless a written notice of change is provided.

Furthermore, if deemed necessary, the trustees of the cooperative and the Operation Round Up program are authorized to verify the accuracy of the statements made herein.

Name of Organization

Signature of Authorized Representative

Title of Representative

Date