

## Application Request

# Organization/Agency Information



### **Cuivre River Electric Community Trust**

P.O. Box 160, 1112 East Cherry Street, Troy, MO 63379 (636) 528-8261, 695-4700 or 1-800-392-3709

## Application for Organization/Agency

### Incomplete applications will automatically be denied assistance.

Please type or print clearly with dark ink. It is extremely important that you fill out both pages of this application completely. The application deadline is the last day of each month.

- Amount of Request:
- Date of Application:
- Please attach a statement to:
  - 1) Tell how the funds will be used by your organization, and
  - 2) Explain the circumstances that have prompted this request.
- Please attach a copy of Organization/Agency:
  - 1) IRS Form 990, Return of Organization Exempt from Income Tax, for the previous year,
  - 2) Copy of financial statement(s) for the previous year, and
  - 3) The appropriate bids/estimates/bills directly relating to your request.

	Street or P.O. Box	City	State	Zip Code	County
Contact Person:					
	Name		Title		
Home Phone:		Work Phone:			
U	ion tax exempt under IRS determination letter from In	` / ` /			
				4	
Number of peop	le served (by county) in ea	ach of the following co	ounties la	st year:	
Lincoln	PikePikePikePikePike	St. Charles		Wa	
Does organization  If yes, provide in	PikePike	St. Charles es, Warren, Lincoln or eved and location:	r Pike co	Wa unties? □`	Yes □ No
Does organization  If yes, provide in  List other source	Pike on serve outside St. Charle	St. Charles es, Warren, Lincoln or eved and location:	r Pike co	wa waties?	Yes
Does organization  If yes, provide in  List other source	PikePikePikePike	St. Charles es, Warren, Lincoln or eved and location:	r Pike co	wa waties?	Yes

■ Please give three business references who are familiar with your organization/agency. (References may not be employees or members of the organization/agency requesting funding.) **Business References** 1) Name: Phone: Address:\_\_\_\_ Street or P.O. Box City County State Zip Code 2) Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Street or P.O. Box City State Zip Code County 3) Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Address: Street or P.O. Box City State Zip Code County ■ The Trust Board may need to table an application until the next monthly meeting because of insufficient information on an application. Can your application be tabled? 

Yes Other Information ■ Can you proceed with partial funding of this request? ☐ Yes Comments: The information contained in this statement is for the purpose of obtaining funding from the Cuivre River Electric Community Trust on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Cuivre River Electric Community Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Cuivre River Electric Community Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein. Name of Organization/Agency: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Representative Name & Title (please print): Signature Representative: Mail completed application and related documents to: **Cuivre River** Cuivre River Electric Community Trust **Electric Cooperative** 

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P.O. Box 160 Troy, MO 63379

A Touchstone Energy® Cooperative