

BROWN COUNTY RURAL ELECTRIC TRUST  
PO BOX 529  
SLEEPY EYE, MN 56085-0529  
Phone: (507) 794-3331  
Fax: 507-794-4282

**APPLICATION FOR DONATION  
FOR ORGANIZATION/AGENCY**

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

Address \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City State Zip Code

Phone Number \_\_\_\_\_  
Work Home

Contact Person \_\_\_\_\_  
Name Title

Is organization requesting funding exempt from payment of income tax?  YES  NO  
If yes, please attach a copy of letter (Form 501 (c) (3) from the Internal Revenue Service.

**Provide a copy of your most recent year-end operating statement, detailing receipts and expenditures.**

**Number of individuals, families, or groups served in the Brown County REA service area by this project in the last year.**

**Does your agency serve outside Brown County REA service area counties?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please provide information on the numbers served and location.

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State the purpose of your organization/agency request: (Include the amount requested and specifics of how funds will be used.)

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List other sources of funding for use of this request as described above:

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How are the agency's programs measured for effectiveness?

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**Please list three references: (personal or business)**

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Name Phone

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Address City State Zip Code

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

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**NAME OF ORGANIZATION**

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**SIGNATURE OF REPRESENTATIVE**

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**DATE**