
North Central Electric Trust, Inc.

Board Members: Heidi Danielson
Tammy Hall
Jon Halvorson
Stephanie Jay
Lenora Stevenson

538 11th St W, Bottineau ND 58318
Phone No: 701-228-2202 or 1-800-247-1197

North Central Electric Trust, Inc.
Guidelines for funding application from "Operation Round-Up"

1. Funds shall be dispersed in the general service area of North Central Electric Cooperative solely for charitable, educational, scientific, health and safety purposes.
2. Organizations must be exempt from Federal Income Taxation under §501 (a) of the Internal Revenue code of 1986 (or the corresponding provision of any future United States Internal Revenue code (the "Code") as a corporation described in §501 (c) (3) of the code.)
3. No funds of the TRUST shall in any fashion be used to support any candidate for political office or for any political purpose.
4. Not more than \$2,500 will be given annually to any family unit, group, organization, charity, or like organization.
5. The board will not meet less than semi-annually to evaluate applications.
6. One of the trust activities will be a report at the North Central Electric Cooperative Annual Membership Meeting each June.
7. The Board reserves the right to carry over applications to a later meeting depending on fund availability and other factors.
8. The board will disperse funds equitably throughout the North Central Electric Cooperative service area, as practical.
9. Call the North Central Electric Cooperative office at 1-701-228-2202 or 1-800-247-1197 if you have any questions.

North Central Electric Trust, Inc.

Board Members: Heidi Danielson
Tammy Hall
Jon Halvorson
Stephanie Jay
Lenora Stevenson

538 11th St W, Bottineau ND 58318
Phone No: 701-228-2202 or 1-800-247-1197

APPLICATION FOR ORGANIZATION/ AGENCY

1. NAME OF ORGANIZATION: _____

2. ADDRESS: _____

Street or Post Office Box

City

State

Zip Code

3. PHONE NUMBER: _____

Work

Home

4. CONTACT PERSON: _____

Name

Title

5. Is organization requesting funding exempt from payment of income tax: Yes _____ No _____

6. Does agency serve outside North Central Electric Cooperative's service area: Yes _____ No _____
If yes, please provide information on numbers served and location.

7. State Purpose of Organization/Agency request: (Include amount requested and specifics of how funds will be used.)

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

9. What is the total budget for the project you are requesting funds:

10. Please list three references.

| Name | Phone |
|------|-------|
| | |

| Address | City | State | Zip Code |
|---------|------|-------|----------|
| | | | |

| Name | Phone |
|------|-------|
| | |

| Address | City | State | Zip Code |
|---------|------|-------|----------|
| | | | |

| Name | Phone |
|------|-------|
| | |

| Address | City | State | Zip Code |
|---------|------|-------|----------|
| | | | |

The information contained in this statement is for the purpose of obtaining funding from the North Central Electric Trust, Inc. 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 North Central Electric Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided.

The North Central Electric Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of applicant/recipient

Date