BROAD RIVER ELECTRIC CHARITIES/OPERATION ROUND-UP®

1036 Webber Road, P.O. Box 828, Cowpens, SC 29330 (864) 206-7122

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____
   Street Address or Post Office Box

   _____
   City or Town State Zip Code

3. Phone Number: _____ _____
   Work Home

4. Contact Person: _____
   Name Title

   _____
   Email

5. Is organization requesting funding exempt from payment of income tax?
   Yes _____ No _____
   If yes, a copy of letter (Form 501[c]3) from Internal Revenue Service must be attached.

6. A copy of financial statement(s) for previous or most recent year should be provided. If not available, forms will be provided.
   a. Statement attached: _____
   b. Forms requested: _____
   c. Does not apply: _____ (see below)

   If you checked "c" above, please explain: _____

   _____

7. Approximate number of individuals, families or groups served in and around the Broad River Electric Cooperative service area (Cherokee, Union, and Spartanburg Counties) in last year:
   _____

8. Does agency serve outside the Broad River Electric Cooperative service area?
   Yes _____ No _____
   If yes, please provide information on number served and location.
   _____

9. State purpose of organization/agency request (include amount requested and specifics of how funds will be used).

   _____

   _____

   _____

10. List other sources of funding (and amounts) for use of request, and who requested from as described in the above. (From whom else are you asking or applied for funds versus how much you have actually received to date.)

_____

_____

_____

11. How are your agency's programs measured for effectiveness?

_____

_____

12. Please list three references.

(1)_____
Name **Phone**

_____
Address City State Zip Code

(2)_____
Name **Phone**

_____
Address City State Zip Code

(3)_____
Name **Phone**

_____
Address City State Zip Code

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

The application must be completed in its entirety and be very specific in your request. Incomplete applications will not be considered for fund allocation.

_____
NAME OF ORGANIZATION

_____
SIGNATURE OF REPRESENTATIVE

_____
DATE