



## Application for Donation for Organization/Agency

**Please fill out the application entirely. Any incomplete applications, applications that are not in compliance with the guidelines and/or applications that are submitted without proper documentation listed in the guidelines will be denied.**

1. Name of Organization/Agency: \_\_\_\_\_

2. Address: \_\_\_\_\_  
City State Zip

Physical Address (if different): \_\_\_\_\_  
City State Zip

3. Contact Person: \_\_\_\_\_  
Name Title

4. Phone: \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_ cell  
(Where you can be reached at any time)

5. Purpose of Organization/Agency: \_\_\_\_\_  
\_\_\_\_\_

6. Number of individuals, families, or groups served in Kay, Osage, Noble, Grant and Garfield counties in the last year: \_\_\_\_\_

7. Does Organization/Agency serve outside Kay, Osage, Noble, Grant and Garfield counties?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide information on number served and location.

8. Please attach a statement of the purpose for this request, an explanation of the source of your funding (county tax, etc.) and how it is being used. Also include **two competitive bids** for the items(s) to be purchased with these funds.

9. Amount requested: \_\_\_\_\_ What will these funds be used for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Is organization/agency exempt from payment of income tax: \_\_\_\_ Yes \_\_\_\_ No.  
If yes, a copy of the letter (**Form 501C3**) from the Internal Revenue service **must** be attached.

12. List the amount and source of any additional or matching funds available for this request.

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13. How is this organization/agency program measured for effectiveness?

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Please list three references familiar with your project.

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Name	Phone
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Address	City, State, Zip
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Name	Phone
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Address	City, State, Zip
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Name	Phone
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Address	City, State, Zip
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**The information contained in this statement is for the purpose of obtaining funding from the Kay Electric Community Foundation, on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding to donate funds, and the undersigned represents and warrants that the information provided is true and complete and that the Foundation, may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kay Electric Community Foundation 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/Agency

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Signature of Representative	Date
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