



IMPACT GRANT APPLICATION

Application #

(Internal use only)

Instructions:

Applicant requests for \$2,500 or more are requested to submit a complete application to:

MWEC

Impact Grant

PO Box 1346

Williston, ND 58802

Please type or print in black ink. Attachments may be necessary due to space limitations. Attachments should be paper clipped to the application forms.

Part I: Organization Information

Name of Organization: _____

Address: _____
(Street) (City) (State) (Zip)

Contact: _____
(Name/Title) (Phone) (E-mail)

Has organization received notice from the Internal Revenue Service of a tax-exempt ruling or determination under Section 501 (c)(3) of the Internal Revenue Code?

☐ Yes - If yes, please supply a copy of such ruling with this application form

☐ No - If no, please explain _____

Federal Tax Identification Number: _____

Describe your organization and its purpose:

Have you had any pending or recent lawsuits challenging the propriety of your disbursements and/or actions of your staff, volunteers or board members?

☐ Yes

☐ No

Have you had any pending or recent publicity viewed as adverse or critical?

☐ Yes

☐ No

If you answered 'Yes' to either of the previous two questions, please furnish a summary of the circumstances:

Part II: *The Project*

What is the total funding requested: \$ _____

What is the estimated completion date of the project: _____

Describe the project:

Describe the need for the project:

Describe the geographic area the project will serve:

Describe the community support for the project:

Part II: *The Project (continued)*

Describe how the project contributes to the mission of the organization:

Why should Mountrail-Williams Electric Cooperative support this project:

Describe the expected results from the project:

I acknowledge that all the information in this application is true to the best of my knowledge. I certify that the funds applied for will benefit charity or a non-profit purpose.

Authorized Signature: _____ Date: _____

Title: _____

Part III: *Budget*

Total funding amount: \$ _____ Amount secured to date: \$ _____

Over what time period is the funding being sought? _____

List major corporate commitments and amounts received for this project:

List other funding sources and amounts pledged or received for this project:

Do you receive, or will you request, support from United Way for this project?

☐ Yes

☐ No

Does this project involve affiliation/collaboration with other agencies/organizations?

☐ Yes

☐ No

If yes, list names of those agencies/organizations and attach any letters of agreement or support that may be appropriate:

Part III: *Budget (continued)*

Fiscal Period: _____ to: _____
(Month) (Year) (Month) (Year)

Project Costs:	Total	Funds, you are committing to the project
Administrative: <i>(Includes salaries, benefits, other personnel expenses)</i>	\$	\$
Operational: <i>(Supplies, equipment, daily expense items)</i>	\$	\$
Promotional: <i>(Fund raising, advertising, marketing expenses)</i>	\$	\$
Other Costs: <i>(Please explain below)</i>	\$	\$
TOTALS:	\$	\$

Explanation of other costs (if applicable):

I acknowledge that all the information in this application is true to the best of my knowledge. I certify that the funds applied for will benefit charity or a non-profit purpose.

Authorized Signature: _____

Date: _____

Title: _____

Part IV: *Project Evaluation*

Who will be responsible for the project evaluation?

Please detail the procedures by which the project will be evaluated:

I acknowledge that all the information in this application is true to the best of my knowledge. I certify that the funds applied for will benefit charity or a non-profit purpose.

Authorized Signature: _____ Date: _____

Title: _____

***Please return completed application form to
MVEC, Impact Grant, PO Box 1346, Williston, ND 58802.***

For Mountrail-Williams Electric Cooperative Use Only:

Request for funding reviewed on: _____

Amount Contributed: _____

Request Denied: _____