



# 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
<b>Administrative:</b> <i>(Includes salaries, benefits, other personnel expenses)</i>	\$	\$
<b>Operational:</b> <i>(Supplies, equipment, daily expense items)</i>	\$	\$
<b>Promotional:</b> <i>(Fund raising, advertising, marketing expenses)</i>	\$	\$
<b>Other Costs:</b> <i>(Please explain below)</i>	\$	\$
<b>TOTALS:</b>	\$	\$

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: \_\_\_\_\_