



MWEC OPERATION ROUND UP®

PO BOX 1346
WILLISTON, ND 58802-1346

APPLICATION FOR DONATION

1. Identify which Operation Round-Up Program you would like to apply to:
☐ Mountrail Cooperative Trust (project must impact Mountrail County)
☐ Williams Cooperative Trust (project must impact Williams County)
2. Name of Organization:

3. Address:

4. Email Address:

5. Phone Number:
() _____
6. Contact Person:

7. Is organization classified as a non-profit and/or community-based organization?
☐ Yes
☐ No
8. Is organization a for-profit organization?
☐ Yes
☐ No
9. Is organization a Mountrail-Williams Electric Cooperative member?
☐ Yes
☐ No
10. A copy of financial statement(s) for most previous year should be provided.
☐ Statement Attached

11. Number for individuals, families or groups served last year:

12. Does organization serve outside the county?

☐ Yes

☐ No

If yes, please provide information on number served and location(s):

13. State purpose of funding request:

(Include total project cost, amount requested and specifics of how funds will be used.)

Amount Requested:

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

15. How are organization's programs measured for effectiveness?

16. Please include up to 3 letters of reference:

☐ Reference(s) Attached

The information contained in this statement is for the purpose of obtaining funding from the Operation Round Up® Program 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 Operation Round Up® Program consider this statement as continuing to be true and correct until a written notice of a change is provided.

The Operation Round Up® Program is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization

Signature of Representative

Date