

# MOUNTRAIL COOPERATIVE TRUST OPERATION ROUND UP® PROGRAM

PO BOX 59  
355 MAIN ST  
NEW TOWN, ND 58763  
(701) 627-3550

FAX: (701) 627-3502

## APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

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

2. Address: \_\_\_\_\_

Street or Post Office Box

\_\_\_\_\_

City or Town State Zip Code

3. Phone Number: \_\_\_\_\_

Work/Home

4. Contact Person: \_\_\_\_\_

5. Is organization classified as a non-profit? YES \_\_\_\_\_ NO \_\_\_\_\_

6. A copy of financial statement(s) for most previous year should be provided. If not available forms will be provided.

a. Statement attached \_\_\_\_\_

b. Forms requested \_\_\_\_\_

7. Number of individuals, families or groups served in selected County last year: \_\_\_\_\_

\_\_\_\_\_

8. Does agency serve outside the selceted County? YES \_\_\_\_\_ NO \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

9. State purpose of Organizations/Agency Request: (Include total project cost, amount requested and specifics of how funds will be used.)

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

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

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12. Please list three references:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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.

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NAME OF ORGANIZATION

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SIGNATURE OF REPRESENTATIVE

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DATE