



**Delta-Montrose Electric Association
Charitable Trust**
P.O. Box 910
Montrose, CO 81401
(970) 249-4572

**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: _____
Name Title

5. Has your organization received money from Operation Round Up before? ____ For this same need? _____

6. Briefly describe your organization:

7. Describe how the requested money would be used. (If this need has received our assistance before, list any changes as well as a general description.)

8. **Amount requested** _____. Is your organization requesting funding exempt from payment of income tax? If yes, a copy of letter (Form 501[c] 3) from Internal Revenue Service must be attached.

9. What is the total cost of this need? _____ Are you receiving money from other individuals or organizations and if so, approximately how much? _____

10. For requesting an amount over \$250.00 a copy of your financial statement(s) for the previous year should be provided. If not, forms are attached.

11. Number of individuals, families, groups served in Delta and Montrose Counties in last year: _____

12. Does agency service outside of Delta-Montrose Electric Association's service territory? (DMEA's service territory is all of Montrose and Delta counties except for the City of Delta.)

Yes _____ No _____

If yes, please provide information about the number served and location.

13. How are agency programs measured for effectiveness?

14. Please list three references: (May not be a director or employee of Delta-Montrose Electric Association or the Delta-Montrose Electric Association Trust)

| | | | |
|------|--|-------|--|
| Name | | Phone | |
|------|--|-------|--|

| | | | |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

| | | | |
|------|--|-------|--|
| Name | | Phone | |
|------|--|-------|--|

| | | | |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

| | | | |
|------|--|-------|--|
| Name | | Phone | |
|------|--|-------|--|

| | | | |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

15) If you are accepted, may we use your organization's name for publication? Y N
(Your organization may choose to remain anonymous. It will not affect our decision to help.)

The information contained in this statement is for the purpose of obtaining funding from the Delta-Montrose Electric Association Charitable Trust 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 Delta-Montrose Electric Association Charitable Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Delta-Montrose Electric Association Charitable Trust 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

Attachment to Application For Donation - Organizations

Statement of Financial Condition of _____

As of _____, 20__

ASSETS

AMOUNTS

Cash

| | | |
|---------------------|-----------|----|
| | | \$ |
| Banking Institution | Acct. No. | |
| | | \$ |
| Banking Institution | Acct. No. | |
| | | \$ |
| Banking Institution | Acct. No. | |

Real Estate

| | | |
|-------------------------|--------|--------------|
| | | \$ |
| Partial or Wholly Owned | County | Market Value |
| | | \$ |
| Partial or Wholly Owned | County | Market Value |
| | | \$ |
| Partial or Wholly Owned | County | Market Value |

Securities

| | | |
|-------------|--------------------|-------|
| | | \$ |
| Description | Identification No. | Value |
| | | \$ |
| Description | Identification No. | Value |
| | | \$ |
| Description | Identification No. | Value |

Other Receivables (State Type: Personal Property,
Loan Receivable, Auto, Life Insurance {Cash Value},
Other Assets. Include description, account #, etc.)

| | | |
|------|-------|----|
| | | \$ |
| Type | Value | |
| | | \$ |
| Type | Value | |
| | | \$ |
| Type | Value | |

TOTAL ASSETS

\$ _____

LIABILITIES

Amounts

Notes Payable

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Mortgage

Mortgagor's Name

\$ _____

Mortgagor's Name

\$ _____

Mortgagor's Name

\$ _____

Other Debt (State type: Taxes, Bills Outstanding, Other)

Type

\$ _____

Type

\$ _____

Type

\$ _____

Type

\$ _____

TOTAL LIABILITIES

\$ _____

NET WORTH (assets less liabilities)

\$ _____