

**Oahe Electric Cooperative, Inc. Operation Rounds Up® Fund**  
**P.O. Box 216**  
**Blunt, SD 57522**  
**Phone: 605/962-6243 or 1-800-640-6243 Fax: 605/962-6306**  
**Attn: Sam Irvine, Operation Round Up® Coordinator**

**Application for Organization/Agency**

Please be sure application is complete and all requested information is provided. Incomplete applications will be returned without consideration from the Board of Trustees.

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

2. Address: \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_

City of Town

State

Zip

3. Contact Person: \_\_\_\_\_  
Name Title

4. Phone Number: \_\_\_\_\_  
Business Phone Home Phone of Contact Person

5. Email Address: \_\_\_\_\_

6. Is organization requesting funding exempt from payment of income tax? Yes\_\_ No\_\_  
If yes, a copy of letter (Form 501(c)3) from the Internal Revenue Service must be attached.

7. Please attach a copy of the financial statement(s) for the most previous year.

8. Number of individuals, families or groups your organization/agency served in Oahe Electric Cooperative, Inc. service area in the past year: \_\_\_\_\_

9. Amount of request: \$ \_\_\_\_\_  
Reason for request of funds (include the specific use of funds. Use an attachment if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What are the benefits to the citizens of this area?

\_\_\_\_\_  
\_\_\_\_\_

11. Name other sources of funding you have requested and/or received for the above the above described request:

Source	Status	Amount
Source	Status	Amount
Source	Status	Amount
Source	Status	Amount

12. Please list three business references that are familiar with your organization/agency:

1. \_\_\_\_\_

Business/Contact	Phone		
Address	City	State	Zip

2. \_\_\_\_\_

Business/Contact	Phone		
Address	City	State	Zip

3. \_\_\_\_\_

Business/Contact	Phone		
Address	City	State	Zip

The information contained in this statement is for the purpose of obtaining funding from Oahe Electric Cooperative, Inc.'s Operation Round Up® Fund. The undersigned understands that the information provided herein is used in deciding to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that Oahe Electric Cooperative, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. **The Board of Trustees for Operation Round Up® are authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.**

As a condition of receiving and accepting these funds, the undersigned acknowledges that any funds received are to be considered a loan until appropriately spent for the purpose stated, and that any funds not to expended must be repaid on demand to Oahe Electric Cooperative, Inc. Operation Round Up® Fund.

I agree to the terms stated above.

Name of Organization	Signature of Representative
Title of Representative	Date