




Your Touchstone Energy® Cooperative 

9549 Hwy 5  
P.O. Box 6  
Columbus, ND 58727  
701.939.6671  
www.bdec.coop

## OPERATION ROUND UP TRUST APPLICATION FOR DONATION



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

Street or Post Office Box	City	State	Zip Code
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3. Contact Person: \_\_\_\_\_  

Name	Title	Phone
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4. Is organization requesting funding exempt from payment of income tax:  
 No     Yes    *If yes, copy of letter (Form 501 [c]3) from the Internal Revenue Service must be attached.*
5. A copy of financial statement (s) for most previous year or project budget should be included.
6. Purpose of Organization: \_\_\_\_\_  
 \_\_\_\_\_
7. Number of individuals, families, or groups served in the Burke-Divide Electric Cooperative, Inc. service territory in the last year: \_\_\_\_\_
8. Does organization serve outside the Burke-Divide Electric Cooperative, Inc. service territory?  
 No     Yes    *If yes, please provide information on number served and location.*  
 \_\_\_\_\_
9. How will the requested Operation Round Up Grant funds be used?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Total Project Cost: \_\_\_\_\_ Total Funds Requested: \_\_\_\_\_

10. List other funding sources and amounts solicited or received for project:

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

11. Please list three references for your organization or project:

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Burke-Divide Electric 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 Burke-Divide Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Burke-Divide Electric Trust is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE DATE

**CO-OP USE ONLY**  
DATE RECEIVED: \_\_\_\_\_  
DATE REVIEWED: \_\_\_\_\_  
AMOUNT APPROVED: \_\_\_\_\_  
DATE DISTRIBUTED: \_\_\_\_\_