

Codington-Clark Electric Charitable Fund, Inc.

PO Box 880 Watertown, SD 57201-0880 Phone # (605) 886-5848

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

| 1. | Name of Organization: |
|-----|--|
| | Address: |
| | City/State/Zip: |
| | Phone Number: |
| | Contact Person: |
| 6. | Is the Organization requesting funding exempt from payment of income tax?: |
| | YES NO If YES, copy of letter (Form 501[c]3) from the Internal Revenue Service must be attached. |
| 7. | A copy of financial statement(s) for most previous year should be provided: |
| 8. | Number of individuals, families, or groups served in the Codington-Clark Electric service territory in the last yea <u>r</u> : |
| 9. | State Purpose of the Organization/Agency request: (Include amount requested and specifics of how funds will be used.) |
| | |
| 10. | List other sources of funding for use of request as described in the above: |
| | |
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| 2. Please | e list three references | : : | | |
|---|---|---|--|--|
| | Name | Address | City/State/Zip | Phone |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| . List bo | ard members: | | | |
| formation | contained in this stater | ment is for the nurnose of | obtaining funding from the C | odington-Clar |
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