Chippewa Valley Community Fund, Inc.
Operation Round Up®

317 S 8th Street, PO Box 575
Cornell, WI 54732
(715) 239-6800 or (800) 300-6800

APPLICATION FOR DONATION ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____
    Street or Post Office Box

    _____
    City or Town   *State*   *Zip Code*

3. Phone Number: _____
    Home   *Work*

4. Contact Person: _____
    Name   *Title*

5. 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.

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

    a) Statement attached: _____
    b) Forms requested: _____
    c) Does not apply: _____

    If not, please explain: _____

    _____

    _____
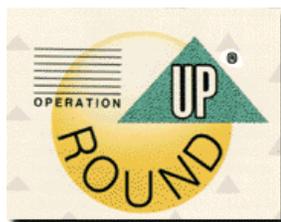
7.　Number of individuals, families or groups served in and around Chippewa Valley Electric Cooperative service area in last year? _____

8.　Does agency serve outside the Chippewa Valley Electric Cooperative service area?
Yes _____No _____

　　If yes, please provide information on number served and location:

_____

_____

9.　State Purpose of Organizations/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:

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____
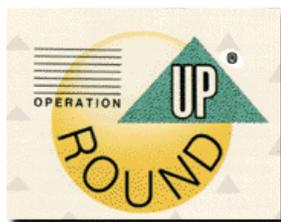
12.	Please list three references:

1

Name	**Phone**

Address	**City**	**State**	**Zip Code**

2

Name	**Phone**

Address	**City**	**State**	**Zip Code**

3

Name	**Phone**

Address	**City**	**State**	**Zip Code**

The information contained in this statement is for the purpose of obtaining funding from Chippewa Valley Community Fund, Inc. 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 Chippewa Valley Community Fund, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. Chippewa Valley Community Fund, Inc. 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