

KANDIYOHI POWER CHARITABLE TRUST
8605 47th Street NE
PO Box 40
Spicer, MN 56288

APPLICATION FOR DONATION

NAME _____ DATE _____

ADDRESS _____

DAYTIME PHONE _____ EVENING PHONE _____

ORGANIZATION _____ PHONE _____

ADDRESS _____ COUNTY _____

____ FOR PROFIT ____ NON-PROFIT IF NON-PROFIT, IS IT 501-C3? ____ YES ____ NO

TYPE OF REQUEST: ____ PERSONAL ____ GROUP ____ COMMUNITY

AMOUNT NEEDED FOR PROJECT: \$ _____ AMOUNT REQUESTED: \$ _____

TIME FRAME IN WHICH FUNDS ARE NEEDED: _____

WHY ARE FUNDS NEEDED? _____

WHAT ARE THE BENEFITS TO THE COMMUNITY OR AREA? _____

ARE REQUESTED FUNDS AVAILABLE THROUGH OTHER SOURCES? ____ YES ____ NO

IF YES, WHAT ARE THE SOURCES? _____

WHAT OTHER INFORMATION WOULD YOU LIKE TO SHARE? _____

Please list three references.

Name		Phone	
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Address	City	State	Zip Code
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Name		Phone	
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Name	City	State	Zip Code
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Name		Phone	
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Address	City	State	Zip Code
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The information contained in this statement is for the purpose of obtaining funding from the Kandiyohi Power 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 Kandiyohi Power Charitable Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kandiyohi Power Charitable Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature _____

Title _____