

KANDIYOHI POWER CHARITABLE TRUST

8605 47TH Street NE

Spicer, MN 56288

GUIDELINES FOR APPLICATIONS

(Please read carefully to assure applications are eligible for consideration)

1. Please be sure to completely fill out application.
2. Contributions will generally be made only to non-profit organizations which have been granted IRS Section 501(c)(3). Exceptions can be considered, particularly for situations deemed an emergency.
3. Contributions will generally **not** be made for:
 - a. Religious organizations
 - b. Veteran, fraternal, or labor organizations
 - c. Fund raising dinners, raffles, or other such events
 - d. Capital fund campaigns
 - e. Advertising
 - f. Political candidates or lobbying

Name: _____ **Date:** _____

Address: _____

_____ **Phone:** _____
(State) (Zip code)

Organization: _____ **Phone:** _____
(If corporate, please be sure to list local address and contact info)

Address: _____
(Street) (City, State, Zip) (County)

_____ **Non-Profit** **501-C3** ___ **Yes** ___ **No** ***** 501-C3 organizations will have preference over other applications.**

Type of Request: ___ **Personal** ___ **Group** ___ **Community**

Dollar Amount Needed: _____ **Dollar Amount Requested:** _____

Date When Funds Are Needed: _____

Please list reasons why funds are needed: _____

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How will this benefit KPC member's communities?

Are requested funds available through other sources? _____ Yes _____ No

If yes, please list: _____

Other information you would like to share: _____

Please list three (3) references:

(Name) (Phone)

(Name) (Phone)

(Name) (Phone)

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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)

* **Make Donation Check payable to:** _____

* **Mail to:** _____
(Name)

(Attention)

(Address)

(City, State, Zip)