

8. Does agency serve outside the counties listed in question Number 7?

Yes _____ No _____

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

County: _____ Number served: _____

County: _____ Number served: _____

County: _____ Number served: _____

9. Specific dollar amount required from Operation Round Up: \$ _____

10. State Purpose of Organizations/Agency Request: (Include specifics as to how funds will be used.)

11. List other sources of funding and the amount provided by each contributor for this project:

12. How are programs measured for effectiveness?

13. Please list three references.

Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code

Place a check to indicate that each of the following items have been included with this application:

- Copy of the Form 501 © 3 form from the IRS indicating that you are a non-profit organization (Question #5)
- Copy of the most recent financial statement or tax filing ((Question #6)

The information contained in this statement is for the purpose of obtaining funding from the Sioux Valley Energy Customers' 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 Sioux Valley Energy Customers' Trust may consider this statement as continuing to be true and correct until written notice of a change is provided. The Sioux Valley Energy Customers' Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

As a condition of receiving and accepting these grant funds, the undersigned agrees that all funds will be used for the project approved and as stated on the application. Any funds not used shall be returned to the Sioux Valley Energy Customers' Trust.

On behalf of, and as a representative of the organization, I the undersigned agree to the terms stated above.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE

Please be sure application is complete and all requested information is provided. Incomplete

applications will be returned without consideration by the Board. Please call 1-800-234-1960 with questions. Thank you.

FileName: S:HR/Operation Round Up/Application Form.xls