

COOKSON HILLS ELECTRIC FOUNDATION, INC

ORGANIZATION APPLICATION

**1002 E. Main - PO Box 539
Stigler, OK 74462**

**1800 KOA/Power Drive- PO Box 587
Sallisaw, OK 74955**

Application Deadline_____

Meeting Date_____

Dear Applicant:

Please be sure to completely fill out this application. Be specific with your request and detailed with the amount requested. If you need more space than what is allotted for the information, please attach a sheet.

If you have any questions, please call Donna Rhodes at (918) 775-2211 or 1-800-328-2368 and she will assist you filling out this paperwork. Applications may be delayed or denied due to incomplete or insufficient information. You will be notified by mail of the Board's decision on your application.

Thank you in advance for your cooperation.

Cookson Hills Electric Foundation, Inc.

1002 E. Main - P.O. Box 539
Stigler, OK 74462

1800 KOA/Power Drive -PO Box 587
Sallisaw, OK 74955

**APPLICATION FOR DONATION
FOR ORGANIZATION**

1. Name of Organization: _____

2. Address: _____
Street or Post Office Box

_____ City or Town State Zip

3. Phone No. _____
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 Internal Revenue Service must be attached and, if applicable, a certificate from the Oklahoma Secretary of State.

If no, then organization must provide proof that they are incorporated. An Oklahoma Secretary of State Certificate of Incorporation and/or Tax Identification Number letter from the Internal Revenue Service must be attached.

6. All applicants must include Form W-9 with application.

7. A copy of financial statement(s) for most previous years should be provided.

a. Statement attached: _____

8. Number of individuals, families or groups served in Sequoyah, Haskell, Muskogee, Pittsburg, Cherokee, Adair and LeFlore Counties last year: _____.

9. Does agency serve outside Sequoyah, Haskell, Muskogee, Pittsburg, Cherokee, Adair and LeFlore Counties?

Yes _____ No _____

10. State purpose of organization's/agency's request: (Include amount requested and specifics of how funds will be used.)

11. List other sources of funding for use of request as described in the above:

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

13. Please list three references.

Name Phone

Address City State Zip

Name Phone

Address City State Zip

Name Phone

Address City State Zip

The information contained in this statement is for the purpose of obtaining funding from the Cookson Hills Electric Foundation, Inc. on behalf of the undersigned. The undersigned understands that the information provided herein will be used by Cookson Hills Electric Foundation, Inc. to decide whether to grant the funding requested. By signing this application, the undersigned represents and warrants that the information provided is true and complete and that Cookson Hills Electric Foundation, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. Cookson Hills Electric Foundation, 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