

HOLY CROSS ENERGY ROUND-UP FOUNDATION

Please Specify Needs:

Special Project/Program

Start up Funding

Other _____

**APPLICATION FOR DONATION
FOR ORGANIZATION**

Please complete all information. Incomplete applications will not be considered.

Organization Information

Name of Organization: _____

Mailing Address: _____
Street or PO Box

_____ City State Zip Code

Phone Number: _____ E-mail Address: _____

Contact Person: _____ Title: _____

Briefly describe your organization: _____

Donation Request

Any additional information you can supply in the form of a letter attached to this formal application is helpful to the Board in making decisions regarding funding requests

Amount Requested: \$ _____ (If your organization is requesting funding exempt from payment of income tax, a copy of letter (Form 501(c)(3) from Internal Revenue Service must be attached.)

Describe how the requested money would be used: _____

Total cost of project? _____

Other funding sources? _____

Has your organization received money from the Holy Cross Energy Round-Up Foundation before? Yes No

If Yes, how much and when? _____

Community Benefit

Approximate number of individuals, families, groups served in Garfield, Pitkin and Eagle Counties last year: _____

Does organization service outside of Holy Cross Energy’s service territory? (HCE’s service territory includes Garfield, Pitkin and Eagle Counties, as well as extreme north end of Gunnison and east end of Mesa Counties) [] Yes [] No

If yes, please provide information about the number served and location: _____

Does your organization report to another organization or governmental agency: [] Yes [] No

How are agency programs measured for effectiveness? _____

Financial Information

Organization Budget: \$ _____ Fiscal Year: _____

Program Budget: \$ _____ Fiscal Year: _____

Amount of Request: \$ _____ Fiscal Year: _____

Can you accept partial funding and still go ahead with this project? [] Yes [] No

If so, minimum amount to complete project: \$ _____

If not. Why is the full amount necessary? _____

The information contained in this Application is for the purpose of obtaining funding from the Holy Cross Energy Round-Up Foundation 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 Holy Cross Energy Round-Up Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Holy Cross Energy Round-Up Foundation 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

The following information is voluntary. It will not affect any decisions regarding this application

If your Application for Donation is approved, may we use your organization’s name and/or photo in Holy Cross Energy publications to promote the Round-Up Program? [] Yes [] No