



**APPLICATION FOR DONATION  
 FOR AN ORGANIZATION**

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
 Street or Post Office Box

\_\_\_\_\_

City or Town	State	Zip Code
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3. Phone Number: \_\_\_\_\_  
 Organization Contact person home/mobile

4. Contact Person: \_\_\_\_\_  
 Name Title

\_\_\_\_\_

E-mail address

5. Is the organization requesting funds exempt from payment of income tax?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, a copy of Form 501 [c] 3 from the Internal Revenue Service must be attached.

6. A copy of financial statement(s) for most previous year should be provided.  
 Statement attached \_\_\_\_\_

7. Two quotes representing your request should be provided from different vendors.  
 Quotes attached \_\_\_\_\_

8. Number of individuals, families or groups served in Franklin, Richland, Madison, East Carroll, West Carroll, Tensas or Morehouse in the last year: \_\_\_\_\_

9. Does organization serve outside Franklin, Richland, Madison, East Carroll, West Carroll, Tensas or Morehouse parishes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide information on the number served and locations.

\_\_\_\_\_

\_\_\_\_\_



N O R T H E A S T L O U I S I A N A  
**Power Cooperative**  
Operation Roundup, Inc.  
Post Office Box 1577 | Winnsboro, LA 71295 | (318)435-4523  
www.nelpco.coop



10. State the purpose of the Organization's request.  
**(Include amount requested and specify how funds will be used).**

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11. List other sources of funding for the stated request.

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12. How are the organization's programs measured for effectiveness?

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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

The information contained in this statement is for the purpose of obtaining funding from the Northeast Louisiana Power Cooperative Operation Roundup, Inc. 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 Trust may consider this statement as continuing to be true and correct until a written notice of change is provided. The Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
 NAME OF ORGANIZATION

\_\_\_\_\_



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SIGNATURE OF REPRESENTATIVE

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DATE

\* No more than \$10,000 will be donated to any organization on an annual basis. Grants must be used within six months of approval, or within 12 months of approval if funds are to be used as a matching grant.