

CADDO ELECTRIC FOUNDATION, INC.  
P.O. Box 70  
Binger, OK 73009  
(405) 656-2322 ext.135  
www.caddoelectric.com

**APPLICATION FOR DONATION  
FOR ORGANIZATION OR AGENCY**

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

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

\_\_\_\_\_

City or Town	State	Zip Code
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3. Phone Number: \_\_\_\_\_  
Home Work

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

5. Is organization requesting funding exempt from payment of income tax:  
Yes \_\_\_\_ No \_\_\_\_ If yes, copy of letter (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:  
a. Statement attached: \_\_\_\_\_

7. Number of individuals, families, or groups served in Blaine, Caddo, Canadian, Custer, Grady, Kiowa, or Washita Counties in the last year: \_\_\_\_\_

8. Does agency serve outside Blaine, Caddo, Canadian, Comanche, Custer, Grady, Kiowa or Washita Counties:

Yes            No

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

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9. State Purpose of Organization/Agency request: (Include amount requested and specifics of how funds will be used)

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

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11. How are agencies programs measured for effectiveness?

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12. Please list three references.

Name	Phone		
Address	City	State	Zip Code

  

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The information contained in this statement is for the purpose of obtaining funding from the Caddo Electric Foundation, 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 Caddo Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Caddo 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