



Sangre de Cristo Electric Association, Inc.

P.O. Box 2013

Buena Vista, Colorado 81211

(719) 395-2412 (800) 933-3823

www.myelectric.coop

Your Touchstone Energy® Cooperative 



Operation Roundup® Organizational Application

To whom it may concern:

When your application is received in our office, we will contact you to inform you of the date and time of the next Operation Roundup® board meeting. The board requests that someone from your organization attend the board meeting to give a short five minute presentation and answer any questions that the board may have about your application.

It is important that you include pertinent financial statements to help the board evaluate your application. Preference is given to 501c3 organizations. Please document your group's 501c3 status if applicable.

If for some reason a representative is not available to attend the board meeting, please attach a cover letter with your application explaining the amount of funds you are requesting and the specific purpose for the funds. Please include any other pertinent information that might be useful for evaluating your application

If you have any questions or need further information please do not hesitate to contact me by phone at (719) 395-4589, which is my direct line, or by email at mcginnis@myelectric.coop.

Best regards,

Chris McGinnis,
Communications Specialist



Sangre de Cristo Electric Association, Inc.

Operation Roundup®

P.O. Box 2013, Buena Vista, CO 81211

(719) 395-2412 or (800) 933-3823

Application for Donation
Organization/Agency

1. Name of Organization: _____

2. Address: _____
Street or Post Office Box

_____ City or Town State Zip Code

3. Phone Number: _____
Work Home

4. Contact Person: _____
Name Title

5. Email Address: _____ Cell Phone Number: _____

6. Number of individuals, families or groups served in Chaffee, Custer, Fremont, Saguache, or Lake Counties in the last year:

7 State Purpose of Organizations/Agency Request: (Include amount requested and Specifics of how funds will be used.)

8. List other sources of funding:

9. List Financial Information for Organization: Attach pertinent financial statements.

Bank Balances:

Financial Institution: _____ Balance: _____

Financial Institution: _____ Balance: _____

Financial Institution: _____ Balance: _____

Expenses:

_____ Amount: _____

_____ Amount: _____

_____ Amount: _____

_____ Amount: _____

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

11. Please list three references:

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

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

Address	City	State	Zip Code
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12. Are funds available for this use from any other source?

In order for Sangre de Cristo Electric Operation Roundup Association to retain its status as a tax exempt organization under section 501(c)(3), we are required to keep the following information on file with this application.

13. Does your organization qualify as tax exempt under IRS code 501(c)(3)? _____

14. Will the requested donation be used for section 501(c)(3) purposes? _____

*****Please attach your organizations 501(c)(3) tax certificate.*****

The information contained in this statement is for the purpose of obtaining funding from Sangre de Cristo Electric Operation Roundup Association on behalf of the undersigned. Any and all information received by Sangre de Cristo Electric Association, Inc., during the application process is strictly confidential. 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 Sangre de Cristo Electric Operation Roundup Association may consider this statement as continuing to be true and correct until a written notice of a change is provided. Sangre de

Cristo Electric Operation Roundup Association 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