

Dakota Valley Electric Operation Round Up, Inc.\*\*\*\*\*  
7296 Highway 281  
Edgeley, ND 58433  
Phone: 493-2281, 427-5242, 1-800-342-4671

**APPLICATION FOR DONATION  
FOR INDIVIDUAL AND/OR FAMILY**

Sponsoring Organization: \_\_\_\_\_  
(Applications without a sponsoring organization and the following information will be returned)

Organization Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization Address: \_\_\_\_\_  
Street or Post Office Box  
City or Town State Zip Code

A letter signed by an officer of the organization stating that they will sponsor the application must be attached.

1. Name: \_\_\_\_\_  
Last First Middle

2. Other Members of Household:

	Last Name	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: \_\_\_\_\_  
Street or Post Office Box  
City or Town State Zip Code

4. Phone Number: \_\_\_\_\_  
Home Work

5. Reason for Request for Donation: (Include amount requested and specific use of funds.)  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant/Recipient\*

\_\_\_\_\_  
Date

\*Applications must be signed by ultimate recipient, spouse or Power of Attorney; not to be signed by sponsoring organization.

I understand that by signing this application, I am agreeing that my name, the purpose of the Operation Round Up grant and the amount may be published, should this application be successful.