

CROW WING POWER COMMUNITY TRUST
PO BOX 507
BRAINERD MN 56401
(218)829-2827; fax (218)825-2209

**Organizations/Agencies
Application for Donations**

AGENCY INFORMATION Date: _____

1. Name of Agency: _____

2. Address: _____

3. Phone: _____

4. Contact Person: _____

5. Is Agency For Profit Non-Profit 501(c)3 If non-profit Religious Affiliation?

6. Agency History/Purpose

7. Number of Individuals, families or groups served annually

8. Geographic area served by Agency

9. Does Agency utilize Volunteers? Yes No
Explain:

\$\$ REQUEST

10. Individual Group Community

11. Amount Needed for total project (Required) \$ _____

12. Amount Requested from Round Up Trust Fund (Required) \$ _____

13. When funding needed _____

14. Describe the project and tell what specifically the money will be used for

15. Other Funding Sources and their Contributions for this Project:

16. Attach a copy of financial statements for three years, one previous, one current approved and one proposed budget for next year.

a. Statement attached

The information contained in this application is for the purpose of obtaining funding from the Crow Wing Power Community Trust on behalf of the undersigned. We understand that the information is confidential, for the Trustees review only. The information provided is true and complete.

Name of Organization _____

Signature (title) _____ Date _____