CKenergy Electric Foundation, Inc.

P.O. Box 70 Binger, OK 73009 (405) 656-9135 www.ckenergy.coop

APPLICATION FOR DONATION FOR ORGANIZATION OR AGENCY

(On each grant application, the Foundation has listed a number of items which must be fully answered either in the space provided or on attached exhibits. Missing information will cause the applicant to be notified that it is incomplete and will need to be resubmitted. If that results in missing the application deadline, the completed grant application will be heard the following quarter.)

1.	Name of Organization:							
2.	Address:							
		Physical Address			Mailing Address			
		Cit	у	State	Zip Code			
3.	Phone Nu	ımber: _			-			
			General		Contact Person			
4.	Contact P	erson: _						
			Name		Title			
5.	Amount R	'equeste	d:					
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6.	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.							

Canadian, Comanch or Washita Counties Does agency serve Custer, Dewey, Grad Yes No	ls, families ne, Custer, s in the las	s, or group , Dewey, C t year: aine, Cado	
Canadian, Comanch or Washita Counties Does agency serve of Custer, Dewey, Grant Yes No If yes, please provide	ne, Custer, in the last outside Bla	, Dewey, C t year: aine, Cado	Grady, Kiowa, Roger Mills ——
or Washita Counties Does agency serve of Custer, Dewey, Grant Yes No If yes, please provid Reason for Request	in the lastoutside Black	t year: aine, Cado	
Custer, Dewey, Graves Yes No If yes, please provid Reason for Request			do Canadian Comanche
If yes, please provid		,	ills, or Washita Counties:
Reason for Request			
	e informat	ion on nur	mber served and location
	for Donat	ion: (Inclu	ıde Specific use of
		•	•

Please list three references.						
Please list three refe	rences.					
	rences.	Phone				
Name	City	Phone State	Zip Code			
Name Address			Zip Code			
Name Address Name		State	Zip Code Zip Code			
Name Address Name	City	State				
Name Address Address Name	City	State				

The information contained in this statement is for the purpose of obtaining funding from the CKenergy Electric Foundation, Inc. on behalf of the undersigned. Each applicant understands the information provided herein is used in the decision process for funding the grant. Each applicant represents and warrants that the information provided is true and **COMPLETE** and that the Board of Trustees of the CKenergy Electric Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Foundation Board is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. To avoid delays in possible funding, **ALL** spaces on this application must be filled out in order to submit for grant review. Incomplete applications will be denied until completed and re-submitted resulting in a minimum delay of 3 months for the next regularly scheduled Board meeting. The application deadline is the 25th of the month prior to the scheduled meeting. The normal meeting date is the 2nd Tuesday of the meeting month. Check the CKenergy website www.ckenergy.coop to find the next scheduled meeting month.

NAME OF ORGANIZATION
SIGNATURE OF REPRESENTATIVE
DATE