



OPERATION ROUND UP APPLICATION FOR FUNDING

Organization Information:

Organization Name:	Contact Person:
Address:	Phone Number:
City, State, Zip:	

Authorized Representative:

Last Name:	First Name:
Position:	Phone Number:
E-Mail Address:	

Type of Non-Profit:

IRS Designation (i.e. 501(c)(3), etc)	Non-Profit Focus:
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Organization Directors / Board Members:

Last Name:	First Name:	Position:
Last Name:	First Name:	Position:
Last Name:	First Name:	Position:
Last Name:	First Name:	Position:
Last Name:	First Name:	Position:

AMOUNT OF DONATION REQUESTED FROM OPERATION ROUND UP: \$

Specific Use of Funds (use additional pages if necessary):
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The information in this statement is for the sole purpose of obtaining funding from the Navopache Electric Cooperative Operation Round Up Fund 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 Navopache Electric Cooperative may consider this statement as continuing to be true and correct until a written notice of change is provided. The Navopache Electric Cooperative Operation Round Up Fund is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Date

Printed Name of Authorized Representative

Name of Organization

Signature of Authorized Representative

NEC Use Only:

Date Reviewed By Charitable Contribution Committee: _____

Charitable Contribution Committee Recommended Funding Amount: \$ _____

Charitable Contribution Committee Initials: _____

Comments:

Date Of NEC Board Approval: _____

CEO Signature to Release Funds: _____

Date: _____

Completed forms may be returned to:
Navopache Electric Cooperative, 1878 W White Mountain Blvd, Lakeside, AZ 85929.