



**Sheridan Electric  
Cooperative, Inc.**  
A Touchstone Energy® Cooperative

PO Box 227  
6408 Hwy 16 S  
Medicine Lake, MT 59247  
www.sheridanelectric.coop

**OPERATION ROUND UP TRUST  
APPLICATION FOR DONATION**



1. Name of Organization: \_\_\_\_\_

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

3. Contact Person: \_\_\_\_\_  
Name    Title    Cell Phone  
Home Phone    Work Phone    Email

4. 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 (if applicable).

5. Purpose of Organization/History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Explain how your organization serves SEC's service territory.  
\_\_\_\_\_  
\_\_\_\_\_

7. How does this specific project benefit the community and fulfill SEC's Operation Round Up Mission  
Statement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. State purpose of request including dollar amount and how funds will be used.  
\_\_\_\_\_  
\_\_\_\_\_

9. List other funding sources and amounts solicited or received for project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Sheridan Electric Cooperative, Inc. Trust 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 the Sheridan Electric Cooperative, Inc. Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Sheridan Electric Cooperative, Inc. Trust is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

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NAME OF ORGANIZATION

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SIGNATURE OF REPRESENTATIVE

DATE

CO-OP USE ONLY

DATE RECEIVED: \_\_\_\_\_  
DATE REVIEWED: \_\_\_\_\_  
AMOUNT APPROVED: \_\_\_\_\_  
DATE DISTRIBUTED: \_\_\_\_\_

OFFICER SIGNATURE: \_\_\_\_\_  
OFFICER SIGNATURE: \_\_\_\_\_