



Otero County Electric Cooperative, Inc.

PO Box 227

Cloudcroft, New Mexico 88317

Phone: 575-682-2521

FAX 575-682-3109

1-800-548-4660



APPLICATION FOR DONATION FOR ORGANIZATION

1. Name of Organization: _____

2. Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

3. Contact Person and Title: _____

4. Phone Number(s) Home: _____ Cell: _____ Work: _____

5. Federal Tax ID#: _____

6. Is organization requesting funding exempt from payment of income tax? If "YES", a copy of Form 501(c)(3) from Internal Revenue Service must be attached.

YES _____ NO _____

7. A copy of financial statement for most previous year should be attached. Statement attached?

YES _____ NO _____

8. Number of individuals, families or groups served in Otero, Lincoln, Chaves and Socorro Counties in the last year: _____

9. Does agency serve communities outside Otero, Lincoln, Chaves and Socorro Counties?

YES _____ NO _____

10. State purpose of organization's/agency's request. Include amount requested and specifics of how funds will be used.

11. List other sources of funding for use of request as described above.

12. How are agency's programs measured for effectiveness?

13. Please list three (3) references. Do not use OCEC personnel or Board of Trustee members.

(a) Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

(b) Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

(c) Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

The information contained in this statement is for the purpose of obtaining funding from the OCEC Operation Round Up Program on behalf of the undersigned. Each signing applicant 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 the OCEC Operation Round Up Program may consider this statement as continuing to be true and correct until a written notice of a change is provided. The OCEC Operation Round Up Program is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization: _____

Signature of Representative: _____

Date: _____