



PO Box 1047
3200 West Holly ST.
Sidney, MT 59270
406.488.1602
www.lyrec.com

**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 ____
must be attached.

5. Please attach a copy of the most recent financial statement and your project budget (local bids are encouraged.)

6. Purpose of Organization/History: _____

7. Explain how your organization serves LYREC's service territory.

8. How does this specific project benefit the community and fulfill LYREC's Operation Round Up Mission Statement? _____

9. State Purpose of Organization/Agency request: *(Include amount requested and specifics of how funds will be used.* _____

10. List other funding sources and amounts solicited or received for project: _____

11. Please list three references:

Name Phone E-mail

Address City State Zip Code

Name Phone E-mail

Address City State Zip Code

Name Phone E-Mail

Address City State Zip Code

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

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE