

CVEC FOUNDATION, INC.

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SEMINOLE, OK 74868
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**APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY**

1. Name of Organization: _____

2. Address: _____
Street of PO Box Number

City	State	Zip
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3. Phone Number: _____
Work Home

4. Contact Person: _____
Name Title

5. Is organization requesting funding exempt from payment of income tax:
Yes _____ No _____ If yes, a copy of letter (Form 501[C]3) from Internal
Revenue Service must be attached.

6. A copy of financial statement(s) for most previous year should be provided.

7. Number of individuals, families or groups served in Hughes, Lincoln, McIntosh,
Okfuskee, Pottawatomie, and Seminole Counties in the last year: _____

8. Does agency serve outside Hughes, Lincoln, McIntosh, Okfuskee, Pottawatomie,
And Seminole Counties?

Yes _____ No _____

If yes, please provide information on number served and location.

9. State purpose of organization/agency request: (**Include amount requested** and Specifics of how funds will be used.)

10. List other sources of funding for use of request as described in the above:

11. How are agency programs measured for effectiveness?

12. Please list three references:

	Name	Phone	
Address	City	State	Zip

	Name	Phone	
Address	City	State	Zip

	Name	Phone	
Address	City	State	Zip

13. Has CVEC Foundation previous provided funds?

If yes amount _____ date _____
No _____

The information contained in this statement is for the purpose of obtaining funding from the CVEC Foundation, 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 CVEC Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The CVEC Foundation, Inc., 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