



LOWER YELLOWSTONE RURAL ELECTRIC COOPERATIVE

Your Touchstone Energy® Cooperative

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:
3. Contact Person:
4. Is organization requesting funding exempt from payment of income tax?
5. Please attach a copy of financial statement (s) for most previous year or project budget.
6. Purpose of Organization/ History:
7. Explain how your organization serves LYREC's service territory.
8. State Purpose of Organization/Agency request: (Include amount requested and specifics of how funds will be used.)

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

11. Please list three references:

Name	Phone	E-mail
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Address	City	State	Zip Code
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Name	Phone	E-mail
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Address	City	State	Zip Code
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Name	Phone	E-Mail
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Address	City	State	Zip Code
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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

CO-OP USE ONLY

DATE RECEIVED: _____

DATE REVIEWED: _____

AMOUNT APPROVED: _____

DATE DISTRIBUTED: _____