

REQUEST, SUMMARY, AND DISPOSITION

REQUEST

Date of Request: _____

Name of Organization: _____ Tax ID# _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone #: _____

Type of Donation: _____ Cash Amount \$ _____

Mission/Purpose of Organization: _____

_____ A 501(c) 3 Non-profit: _____

How support will be used:

Organization's budget or funding goal:

Support received from other sources:

Documentation to verify tax status (if applicable):

Other information appropriate to evaluate request:

Is your group associated with any employee or director of Federated Rural Electric Association? _____ If
yes, give name and their role in your organization: _____

Attach additional sheets or documentation, if necessary.

REQUESTING PARTY'S SIGNATURE: _____

SUMMARY

Guidelines:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The Cooperative's participation can be accommodated within available resources. |
| <input type="checkbox"/> | <input type="checkbox"/> | The activity provides benefits within the community served by the Cooperative, and/or will provide benefits to the Cooperative's members. |
| <input type="checkbox"/> | <input type="checkbox"/> | The activity is not-for-profit, and at least 85 percent of the donation will be used to provide benefits and services rather than pay administrative or promotional costs. |
| <input type="checkbox"/> | <input type="checkbox"/> | The Cooperative's participation will leverage community resources by extending support committed by other public and private entities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The activity will enhance the Cooperative's value in the community. |
| <input type="checkbox"/> | <input type="checkbox"/> | Would the donation or contribution go to any of the following? <ul style="list-style-type: none">- Individual or for-profit organization.- Political campaign or party- Religious organization- Group that discriminates on the basis of age, race, sex, or national origin- Organization does not advance a public purpose or a Federated Rural Electric purpose |

Nature of benefits and range of distribution:

- | | | |
|--------------------------|----------------------------|------------------------------|
| <input type="checkbox"/> | Medical/Health/Nutritional | (Maximum contribution \$500) |
| <input type="checkbox"/> | Socioeconomic/Education | (Maximum contribution \$400) |
| <input type="checkbox"/> | Community Affairs | (Maximum contribution \$500) |
| <input type="checkbox"/> | Non-specific | (Maximum contribution OPEN) |

DISPOSITION

For Federated Rural Electric Office Use Only:

Request:

Received by: _____ Date received: _____

Denied:
Reason: _____

Approved:
Donation Description: _____
Amount \$ _____

Signature: _____
General Manager or Board Chair/Director

Date: _____