

Application for Caring Neighbors Donation



Mail Completed Application to:
CARING NEIGHBORS
c/o Big Bend Electric Co-op
P.O. Box 348
Ritzville, WA 99169-0348

(Please print or type all information)

Organization Name: _____ Date Established: _____

Address: _____ City, State, Zip _____

Contact Person: _____ Title _____ Daytime Phone: _____

General Objectives of the Organization: _____

Describe the Area the Organization Serves: _____

Is the Organization a Municipal Entity **OR** Tax-Exempt Under IRS Section 501(c)(3)? YES ___ NO ___
To obtain funding, the Organization must (1) be a municipal entity OR (2) provide Caring Neighbors with documentation that the Organization is Tax-Exempt Under IRS Section 501(c)(3).

Donation amount requested \$ _____

Describe the project/program for which funding is being requested. (Attach additional page if necessary)

Describe the number of people that would benefit from this project and/or impact it will have.

List other funding sources: _____

If full funding is not received, what impact will it have on the project? _____

If Caring Neighbors is unable to approve this request, what alternatives does the Organization have?

To be considered by Caring Neighbors, this application must be signed by the Organization’s President or Chairperson and by the individual to whom future questions and correspondence may be addressed.

President/Chairperson (Print/Type)

Contact Person (Print/Type)

Signed Name

Date Signed

Signed Name

Date Signed