

**Big Country Electric Cooperative Trust
Operation Roundup Program**

P. O Box 518
Roby, TX 79543
(325) 776-2244



**For assistance completing
this application, please
contact Sarah McLen at
(325) 776-3803.**

ORGANIZATION/AGENCY APPLICATION FOR ASSISTANCE

Name of Organization: _____

Address:

911 Physical Address

Mailing

City

State

Zip Code

Contact Person:

Name

Title

Phone Number:

Work

Cell

1. Is organization requesting funding exempt from payment of income tax? Yes____ No____

➤ If Yes, copy Form 501 (c)3 from the Internal Revenue Service MUST be submitted with application.

2. **A financial statement or tax return for the most recent previous year should be provided in order for this application to be considered for funding.**

3. Funding is limited to the following counties in Texas: Borden, Fisher, Garza, Haskell, Jones, Kent, Mitchell, Nolan, Scurry, Shackelford, Stonewall, and Throckmorton. Please list the number of individuals, families or groups your organization has served in these counties within the last year:

4. Does your organization serve outside of the above listed counties? If so, please provide information on services provided, location and number of individuals, families or groups served:_____

5. State purpose of request for funding - include amount requested and specifics of how funds will be used. If possible, include proof for request. For example, quotation or estimate or copy of bill:

6. List other sources of funding for use of request as described above: _____

7. How are the organization's programs measured for effectiveness? _____

Please list three references. Complete names, current addresses, and working telephone numbers are *REQUIRED*. No director or employee of Big Country Electric Cooperative or the Big Country Electric Cooperative Trust may be listed).

Name Relationship Phone Number

Physical & Mailing Address City State Zip Code

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The information contained in this statement is for the purpose of obtaining funding from the Big Country Electric Cooperative Trust 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 Big Country Electric Cooperative Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Big Country Electric Cooperative Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Organization Representative

Organization Representative Printed Name

Date

Applications may be returned by mail to:
Big Country Electric Cooperative Trust
Attn.: Sarah McLen
P.O. Box 518
Roby, TX 79543

Applications may also be submitted by email: smclen@bigcountry.coop or fax: (325) 776-2246, Attn.: Sarah McLen.