

ORGANIZATION/AGENCY APPLICATION FOR FINANCIAL ASSISTANCE

For assistance completing this application, please contact Krysha Burleson at (325) 776-3803.

Application Instructions

- 1. All sections of the application. If any item is not applicable to your organization, please make note in the space provided. Incomplete applications will not be considered.
- 2. Attach verification of your tax-exempt status such as a copy of letter 501(c)(3) from the Internal Revenue Service, if applicable.
- 3. Please provide your financial statement for the most recent year. Examples include Profit and Loss Statement, or the 990 Form with Schedule O attached. (No bank statements, please.)
- 4. Please be specific when describing how the funds will be used and attach price estimates if available.
- 5. If you have any questions, please contact Krysha Burleson at 325.776.3803.

Focus of The Big Country Electric Cooperative Trust Operation Round Up Program

The Big Country Electric Cooperative Trust Operation Round Up Program (the "Program") provides funding assistance to approved eligible applicants located within the service areas of BCEC (the "BCEC Service Area"), which are contained within Borden, Fisher, Garza, Haskell, Jones, Kent, Mitchell, Nolan, Scurry, Shackelford, Stonewall and Throckmorton Counties.

The mission of Big Country Electric Cooperative Trust is the accumulation and disbursement of funds for charitable purposes in Borden, Fisher, Garza, Haskell, Jones, Kent, Mitchell, Nolan, Scurry, Shackelford, Stonewall and Throckmorton Counties.

This shall be accomplished by disbursement of funds to individuals and organizations for food, shelter, clothing, health needs and education.

The TRUST is organized exclusively for charitable purposes, as described under 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Grant Cycles

Grant applications are reviewed quarterly in March, June, September and December. Approved organization/agency applicants are eligible for up to \$10,000.00 in grant(s) from the Program per calendar year. This does not constitute or guarantee the award of grant funds.

Categories of Assistance

 Community Service - Programs, projects and organizations that are important components of a community's overall welfare or quality of life, with emphasis on public safety, healthcare, selfsufficiency and basic human needs.

- 3. Disaster Relief Programs and projects to provide disaster relief and food, clothing, shelter, medical care, clean-up and repairs and reconstruction in an emergency following an accident, severe storm or other causes.
- 4. Education programs and projects designed to educate and enhance the quality of life for individuals in the BCEC Service Area.

The Big Country Electric Cooperative Trust Operation Round Up Program will not consider requests for general operating funds, capital campaigns or support for salaries.

Applicant Eligibility

- 1. Contributions will generally be made only to not-for-profit organizations that have been granted taxexempt status by the Internal Revenue Service.
- 2. The organization must contribute to the community's health and/or welfare.
- 3. The organization's services must be non-discriminatory in nature.

Evaluation Factors

- 1. The following will be considered in the evaluation of all funding requests:
 - a. Potential benefit to residents of the BCEC Service Area and the entire community.
 - b. Prior contribution level of Big Country Electric Cooperative Trust Operation Round Up Program or community support for the program or project of the organization requesting the funds.
 - c. Fiscal and administrative capability of the organization to deliver a quality service or program.
 - d. Results that can be evaluated.
 - 2. Funding determinations are made solely by the Big Country Electric Cooperative Trust Operation Round Up Program Board of Directors, which are volunteers who serve independently of the cooperative.



By Email:

kburleson@bigcountry.coop



By Fax: (cover sheet necessary)

325.776.2246

Organization/Agency Application for Assistance

Please complete this application and return with supporting documentation using one of the following methods:

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| Attn.: | Krysha Burleson, Big Country | Electric Coope | erative, P.O. Box 518, | Roby, TX 79543 | |
| In pers | son at any of our office locat | ions: | | | |
| Stamford Branch: | | Roby: | | Snyder Branch: | |
| 225 West McHarg | | 1010 West South 1st | | 1600 McCowen | |
| P.O. Box 1147 | | P.O. Box 518 | | P.O. Box 1249 | |
| Stamford, Texas 79553 | | Roby, Texas 79543 | | Snyder, Texas 79550 | |
| Phone (325) 773-3684 | | Phone | (325) 776-2244 | Phone (325) 573-3161 | |
| Fax (325) 773-2431 | | Fax (325) 776 | 6-2246 | Fax (325) 573-7781 | |
| 1. | Organization Name: | | | | |
| 2. | Complete Mailing Address: | | Complete Physical Address (if different): | | |
| | | | | | |
| 3. | Daytime Phone Number(s): | | | | |
| | | | | | |
| 4. | Name and Title of Contact Person: | | | | |
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| 5. | Email Address: | | | | |
| 6. | Is the organization exempt from payment of income tax? Yes No If "Yes" please attach a copy of your 501(c)(3) letter from the Internal Revenue Service or provide your ID number | | | | |

| Jones, Kent, Mitchell, Nolan, Scurry, Shackelford, Stonewall and Throckmorton Counties). Does your organization serve locations outside the counties listed in question 7? If so, where? State the purpose of your organization's funding request. Amount requested <i>must be</i> included with details of how the funds will be used. | skell | | | |
|---|--------|--|--|--|
| State the purpose of your organization's funding request. Amount requested <i>must be</i> included | J | | | |
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| Please list other sources of funding for the purposes(s) described in question 9. | | | | |
| How are your organization's programs measured for effectiveness? | | | | |
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| se provide your financial statement for the most recent year. Examples include Profit and Loss ement or the 990 Form with schedule O attached. (No bank statements, please). Examples of eptable documentation are included in this document. | | | | |
| f you have previously received a grant from BCEC Charitable Program, please provide documentation as to how the grant money was dispersed. Examples of the documentation include, but are not limited to; Invoices, Pictures, Recipient Names, Receipts, etc. | | | | |
| Please list three references who are not directors or employees of BCEC or the BCEC Trust Ope Program. | ration | | | |
| Name: | | | | |
| Daytime Phone: | | | | |
| Email: | | | | |
| Complete Mailing Address: | | | | |
| Relationship to organization: | | | | |

| Name: | |
|---|---|
| Daytime Phone: | |
| Email: | |
| Complete Mailing Address: | |
| Relationship to organization: | |
| Name: | |
| Daytime Phone: | |
| Email: | |
| Complete Mailing Address: | |
| Relationship to organization: | |
| The information contained in this application is for the purpose of obtaining funding from the Bord Round Up Program, on behalf of the undersigned. The undersigned understands that the inform herein is used in decisions to grant or deny funding, and each undersigned represents and warra information provided is true and complete and that the Big Country Electric Cooperative Trust Cooperative Trust Operation Round Up Program may consider this statement as continuing to be true and correct until written any changes is provided. The Big Country Electric Cooperative Trust Operation Round Up Program authorized to make all inquiries as it deems necessary to verify the accuracy of the statements of the applicant or by references. By signing this application, applicant acknowledges understanding instructions, focus of the Program, grant cycles, categories of assistance, eligibility and evaluation described on pages 1 and 2 of this document. | nation provided ants that the Operation en notice of m is made herein by |
| Signature of Authorized Representative | |
| Printed Name | |
| Title | |
| Date | |