

OPERATION ROUND-UP APPLICATION
ORGANIZATION REQUEST

Organization Name: _____

Organization Purpose: _____

Address: _____

City, State, Zip Code: _____

Contact Person: _____

Phone Number: _____

Amount Requested: \$ _____

Explanation of Need _____

How is the effectiveness of the organization measured? _____



Number of Individuals served within the last twelve (12) months:

Clarendon County:

Georgetown County:

Florence County:

Williamsburg County:

Other locations (list): _____

Required Attachments:

- 1. Complete Application
- 2. Copy of letter form 501 (C)(3) from the Internal Revenue Service
- 3. Copy of the most recent Form 990
- 4. Copy of the organization's W-9

The undersigned understands that the information contained herein is used to determine eligibility for grant funding; however, no monetary support is guaranteed. The undersigned represents and warrants that the information provided is true, complete, and accurate. Santee Electric Cooperative personnel and Trust Board members are duly authorized to make inquiries, request additional information, and verify the statements contained herein.

Signature of Organization Representative

Date