
SLOPE ELECTRIC TRUST, INC.

Board Members: Lynn Greff, Mott
Faye Burke, Bowman
Bruce Hagen, Reeder
Diann Soreide, Bowman
Anthony Larson, Hettinger

P.O. Box 338, New England ND 58647-0338
Phone No: 701-579-4191 or 1-800-559-4191

Slope Electric Trust, Inc.
Guidelines for funding application from "Operation Round-Up"

1. Funds shall be dispersed in the general service area of Slope Electric Cooperative solely for charitable, educational, scientific, health and safety purposes.
2. Organizations must be exempt from Federal Income Taxation under s501 (a) of the Internal Revenue code of 1986 (or the corresponding provision of any future United States Internal Revenue code (the "Code") as a corporation described in s501 (c) (3) of the code.)
3. No funds of the TRUST shall in any fashion be used to support any candidate for political office or for any political purpose.
4. Not more than \$1,000 will be given annually to any family unit, group, organization, charity, or like organization.
5. The board will not meet less than semi-annually to evaluate applications.
6. One of the trust activities will be a report at the Slope Electric Cooperative Annual Membership Meeting each June.
7. The Board reserves the right to carry over applications to a later meeting depending on fund availability and other factors.
8. The board will disperse funds equitably throughout the Slope Electric Cooperative service area, as practical.
9. Call the Slope Electric Cooperative office at 1-800-559-4191 if you have any questions.

SLOPE ELECTRIC TRUST, INC.

Board Members: Lynn Greff, Mott
Faye Burke, Bowman
Bruce Hagen, Reeder
Diane Soreide, Bowman
Terryl Jacobs, Regent

P. O. Box 338, New England ND 58647-0338
Phone No: 701-579-4191 or 1-800-559-4191

APPLICATION FOR ORGANIZATION/ AGENCY

1. NAME OF ORGANIZATION: _____

2. ADDRESS: _____
Street or Post Office Box

City	State	Zip Code
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3. PHONE NUMBER: _____
Work Home

4. CONTACT PERSON: _____
Name Title

5. Is organization requesting funding exempt from payment of income tax: Yes _____ No _____

6. Does agency serve outside Slope Electric Cooperative's service area: Yes _____ No _____
If yes, please provide information on numbers served and location.

7. State Purpose of Organization/Agency request: (Include amount requested and specifics of how funds will be used.)

8. List other sources of funding for use of request as described in the above:

9. What is the total budget for the project you are requesting funds:

10. Please list three references.

Name		Phone	
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Address	City	State	Zip Code
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Name		Phone	
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Address	City	State	Zip Code
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Name		Phone	
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Address	City	State	Zip Code
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The information contained in this statement is for the purpose of obtaining funding from the Slope Electric Trust, Inc. 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 Slope Electric Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided.

The Slope Electric Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of applicant/recipient

Date