



CONSUMERS POWER INC,

Charitable Trust Applicants,

Thank you for requesting a Charitable Trust application.

The Charitable Trust is funded by Operation Round Up, a voluntary contribution program that allows members of Consumers Power to round up their monthly bill to the next dollar. The difference is captured and combined with other donors for funding of various organizations and individuals in CPI's service area. The average donation amount is \$6 per year.

A nine-member committee from the CPI service area reviews and decides on funding for the applications. Individuals who need financial assistance are also welcome to apply.

No organization may receive more than \$5,000 per year. Individuals receiving assistance must be CPI members and can receive no more than \$2,500 per year.

The Trust does not pay for administrative costs. It does pay for books, teaching aids, health kits, etc. The Trust will also not pay for electrical work done by CPI (in the case of an organization) and it will not pay electric bills (in the case of an individual)

Organizations must be non-profit.

The Trust committee meets in April, August and November. News of Operation Round Up giving is provided in the Ruralite magazine following committee meetings.

If you have any questions please feel free to contact me, Charitable Trust Coordinator, at 541-929-8531 or jamesra@cpi.coop.

Sincerely,

James Ramseyer
Director of Member Services

6990 West Hills Rd.

PO Box 1180

Philomath, OR 97370

(541) 929-3124

800-872-9036

FAX (541) 929-8673

www.cpi.coop



APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____

3. Phone Number: _____

(work)

4. Contact Person: _____

(name)

(title)

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

If yes, Tax-ID # _____

A copy of letter (Form 501[c]3 from Internal Revenue Service must be attached.

6. Please attach agency's copy of financial statement(s) for most previous year.

7. Number of individuals, families or groups served by your agency in last year: _____

8. What area does your agency serve? _____

9. Please state purpose of your Organization/Agency request: (Include amount requested and specify how funds will be used.)

10. List other sources of funding for purpose of request described above:

11. How are your agency's programs measured for effectiveness?

12. Please list three references:

Name

Address

Name

Address

Name

Address

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



NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE