

CROW WING POWER COMMUNITY TRUST  
PO BOX 507  
BRAINERD MN 56401  
218-829-2827; 1-800-648-9401; e-mail: info@cwpower.com

## Organizations/Agencies Application for Donations

### AGENCY INFORMATION

Date: \_\_\_\_\_

1. Name of Agency: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Phone: \_\_\_\_\_
4. E-Mail Address: \_\_\_\_\_
5. Contact Person: \_\_\_\_\_
6. Is Agency ☐ For Profit ☐ Non-Profit ☐ 501(c)3 If non-profit ☐ Religious Affiliation?
7. Agency History/Purpose  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Number of Individuals, families or groups served annually  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Geographic area served by Agency  
\_\_\_\_\_  
\_\_\_\_\_
10. Does Agency utilize Volunteers? ☐ Yes ☐ No  
Explain:  
\_\_\_\_\_  
\_\_\_\_\_

## **\$ \$ REQUEST**

11. Amount Needed for total project (Required) \$ \_\_\_\_\_
12. Amount Requested from Round Up Trust Fund (Required) \$ \_\_\_\_\_
13. When funding needed \_\_\_\_\_
14. Describe the project and tell what specifically the money will be used for. If this is an ongoing activity, describe your success rate.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
15. Other Funding Sources and their Contributions for this Project:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
16. Attach a copy of financial statements for three years, one previous, one current approved and one proposed budget for next year.

*The information contained in this application is for the purpose of obtaining funding from the Crow Wing Power Community Trust on behalf of the undersigned. We understand that the information is confidential, for the Trustees review only. The information provided is true and complete.*

Name of Organization \_\_\_\_\_

Signature (title) \_\_\_\_\_ Date \_\_\_\_\_