

**ADAMS-COLUMBIA COMMUNITY FUND, INC.  
OPERATION ROUND-UP® TRUST**

401 E Lake St, PO Box 70  
Friendship, WI 53934  
(608) 339-3346

**APPLICATION FOR DONATION  
FOR ORGANIZATION/AGENCY**

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street Address or Post Office Box  
\_\_\_\_\_  
City or Town State Zip Code

3. Phone Number: \_\_\_\_\_  
Work Home

4. Contact Person: \_\_\_\_\_  
Name Title

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

If yes, a copy of letter (Form 501[c]3) from Internal Revenue Service must be attached.

6. A copy of financial statement(s) for previous or most recent year should be provided.

- a. Statement attached: \_\_\_\_\_
- b. Does not apply: \_\_\_\_\_ (see below)

If you checked "b" above, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Approximate number of individuals, families or groups served in and around the Adams-Columbia Electric Cooperative service area in last year: \_\_\_\_\_

8. Does agency serve outside the Adams-Columbia Electric Cooperative service area?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide information on number served and location.

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9. State purpose of organization/agency request (include amount requested and specifics of how funds will be used).

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10. List other sources of funding (and amounts) for use of request, and who requested from as described in the above. (From whom else are you asking or applied for funds versus how much you have actually received to date.)

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

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12. Please list three references.

(1) \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

(2) \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

(3) \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

*The application must be completed in its entirety and be very specific in your request. Incomplete applications will not be considered for fund allocation.*

**The information contained in this statement is for the purpose of obtaining funding from the Adams-Columbia Electric Cooperative Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding whether to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the Adams-Columbia Electric Cooperative Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Adams-Columbia Electric Cooperative Trust is authorized to make all inquiries they deem to verify the accuracy of the statements made herein.**

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE

\_\_\_\_\_  
DATE

*ACEC Form# 27 (09/18/08)*