

# CO-MO CARES TRUST, INC.

PO BOX 220  
TIPTON, MO 65081  
(660) 433-5521

Attn: Marisa Oehrke, "Operation Round Up"

## Application For Donation for Organization/Agency

*(Please type or print neatly)*

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

2. Amount of request {please state *specific* amount(s)} and what it will be used for: \_\_\_\_\_

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3. Address: \_\_\_\_\_

Street or Post Office Box

\_\_\_\_\_

City or Town

State

Zip Code

County

4. Phone Number: \_\_\_\_\_

Work

Home

5. Contact Person: \_\_\_\_\_

Name

Title

6. State purpose of Organization/Agency

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7. How do you measure your programs success? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is organization requesting funding exempt from payment of income tax under IRS Section 501[c] [3]? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, a copy of determination letter from Internal Revenue Service must be attached.**

9. Number of individuals, families or groups served in Benton, Camden, Cole, Cooper, Miller, Moniteau, Morgan, Pettis or Saline Counties in last year: \_\_\_\_\_

10. List other sources of funding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does agency service outside Benton, Camden, Cole, Cooper, Miller, Moniteau, Morgan, Pettis or Saline Counties? Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If yes, please provide information on number served and location.  
\_\_\_\_\_  
\_\_\_\_\_

12. Sometimes the Trust Board has to table an application until the next monthly meeting due to time restraints or lack of enough information on an application. If this is the case, can your application be tabled, or does your request need to be dealt with on an immediate basis? \_\_\_\_\_  
\_\_\_\_\_

13. Please list three references (only one family member may be listed as a reference). Directors or employees of Co-Mo Electric Cooperative, Inc. or the Co-Mo Cares Trust, Inc. may not be used as a reference.

Name	Phone Number - Day	Phone Number-Evening
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Address	City	State	Zip Code
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Name	Phone Number - Day	Phone Number-Evening
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Address	City	State	Zip Code
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Name	Phone Number - Day	Phone Number-Evening
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Address	City	State	Zip Code
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14. **To be considered, this application must include a financial statement (or proposed budget) and an executed copy of a Board Resolution requesting funding.**

The information contained in this statement is for the purpose of obtaining funding from the Co-Mo Cares 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 Co-Mo Cares Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of change is provided. The Co-Mo Cares Trust, Inc. is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein.

\*Applicant(s) will be notified in writing as to the outcome of their request after the monthly Trust Board meeting

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

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date