North Central Electric Trust, Inc.

Board Members: Candis Goodman

Jenn Becker Matt Undlin Jessica Chase Amy Schimetz

538 11th St W, Bottineau ND 58318

Phone No: 701-228-2202 or 1-800-247-1197

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

- 1. Funds shall be dispersed in the general service area of North Central Electric Cooperative solely for charitable, educational, scientific, health and safety purposes.
- 2. Organizations must be exempt from Federal Income Taxation under §501 (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 §501 (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 \$2,500 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 North Central 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 North Central Electric Cooperative service area, as practical.
- 9. Call the North Central Electric Cooperative office at 1-701-228-2202 or 1-800-247-1197 if you have any questions.

Nort	h Central Electric Trust, I	nc.					
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	11 th St W, Bottineau ND 5						
Phor	ne No: 701-228-2202 or 1	-800-247-1197					
	APPLIC	CATION FOR IND	IVIDUAL AN	D/OR FAMI	<u>LY</u>		
1.	NAME:						
	Last		First		Middle		
2.	OTHER MEMBERS OF HOUSEHOLD:						
	Last	First		Middle	Relationship		
							
3.	ADDRESS:		Post Office F				
	Street or Post Office Box						
	City		State		Zip Code		
4.	Phone Number:						

Home

Work

(4)			
(1) Name	Superv	isor	
Address	Phone		
(2) Name	 	isor	
Address			
REQUEST FOR DONATI	ON: (Include reason for fund	s, dollar amount	requested :
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	specifically be used for.)		
PLEASE LIST THREE RE	FERENCES (MAY NOT BE A DIF		
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Address	City	State	Zip Code
Address	City	State	Zip Cou
Name		Phone	
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