



Big Horn REA Roundup Foundation  
PO Box 270  
Basin, WY 82410

**APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street or PO Box  
\_\_\_\_\_  
City of Town State Zip Code

Phone Number: \_\_\_\_\_  
Home Cell Work

Contact Person: \_\_\_\_\_

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.

A copy of financial statement(s) for previous year should be provided. If not, available forms will be provided.

Statement attached: \_\_\_\_\_

Forms requested: \_\_\_\_\_

Number of individuals, families or groups served in the last year: \_\_\_\_\_

Does agency serve outside of our service territory? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State purpose of Organization/Agency request: (Include amount requested and specifics of how funds will be used.)

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List other sources of funding for use of request as described in the above:

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How are agencies programs measured for effectiveness?

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**The information contained in this statement is for the purpose of obtaining funding from the Big Horn REA Roundup Foundation 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 Big Horn REA Roundup Foundation may consider this statement as continuing to be true and current until a written notice of change is provided. The Big Horn REA Roundup Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.**

\*\*The Big Horn REA Roundup Foundation Board generally meets no less than semi-annually at a place designated by the Board. The Board of Directors may meet at such other times as they may deem at their discretion to be necessary. \*\*

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Name of Organization

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Signature of Representative

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Date