



APPLICATION FOR DONATION FOR NON-PROFIT ORGANIZATION

1. Name of Organization: _____
2. Address: _____
Street or Post Office Box

City or Town State Zip Code
3. Contact Person: _____
Name Title
4. Contact Information: _____
Work Number Cell Number

E-Mail
5. Is organization requesting funding exempt from payment of income tax:
Yes ☐ No ☐ If yes, copy of letter (Form 501[c]3) from the Internal Revenue Service must be attached.
6. A copy of the following documents are required to be submitted as:
 - a. Application with Appendix A, Itemized Funding Request
 - b. Financial Statements
 - c. Form 990 (most recent and the previous year)
 - d. W-9
7. Number of individuals, families, or groups served in Beaufort, Hampton, or Jasper Counties in the last year: _____

8. Does agency serve outside Beaufort, Hampton, or Jasper Counties:

Yes ☐ No ☐

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

9. **State Purpose of Organization/Agency request:** (Include amount requested and specifics of how funds will be used. Completion of Appendix A, Itemized Funding Request required.)

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

11. How are agencies programs measured for effectiveness?

12. Please list three references with complete names, addresses and telephone numbers. No director or employee of Palmetto Electric Cooperative or the Palmetto Electric Trust may be listed:

Name	Phone		
Address	City	State	Zip Code
Name	Phone		
Address	City	State	Zip Code
Name	Phone		
Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Palmetto Electric Trust 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 Palmetto Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Palmetto Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE



Itemized Funding Request

Appendix A

Item Description	Quantity Needed	Unit Cost	Total Cost	Required (Yes/No)
Total Project Cost				
Will you accept partial funding? If so, how much?				