



# Cuivre River Electric Community Trust

P.O. Box 160, 1112 East Cherry Street, Troy, MO 63379  
(636) 528-8261, 695-4700 or 1-800-392-3709

For Office Use Only

## Application for Organization/Agency

Application Request

***Incomplete applications will not be considered.***

Please type or print clearly with dark ink. It is extremely important that you fill out both pages of this application completely. The application deadline is the last day of each month.

■ Amount of Request: \_\_\_\_\_

■ Date of Application: \_\_\_\_\_

■ Please attach a statement to:

- 1) Tell how the funds will be used by your organization, and
- 2) Explain the circumstances that have prompted this request.

■ Please attach a copy of Organization/Agency:

- 1) IRS Form 990, Return of Organization Exempt from Income Tax, for the previous year,
- 2) Copy of financial statement(s) for the previous year, and
- 3) The appropriate bids/estimates/bills directly relating to your request.

Organization/Agency Information

■ Name of Organization: \_\_\_\_\_

■ Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code County

■ Contact Person: \_\_\_\_\_  
Name Title

■ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

■ Is this organization tax exempt under IRS section 501(c)(3)? ☐ Yes ☐ No  
If yes, a copy of determination letter from Internal Revenue Service must be attached.

■ Number of people served (by county) in each of the following counties last year:  
Lincoln \_\_\_\_\_ Pike \_\_\_\_\_ St. Charles \_\_\_\_\_ Warren \_\_\_\_\_

■ Does organization serve outside St. Charles, Warren, Lincoln or Pike counties? ☐ Yes ☐ No

■ If yes, provide information on number served and location: \_\_\_\_\_  
\_\_\_\_\_

■ List other sources of funding for this request: \_\_\_\_\_

■ How is your organization's program measured for effectiveness? (Be specific.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All fields must be completed and all required documents submitted before your application can be reviewed.**

Business References

■ Please give three business references who are familiar with your organization/agency. (References may not be employees or members of the organization/agency requesting funding.)

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street or P.O. Box City State Zip Code County

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street or P.O. Box City State Zip Code County

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street or P.O. Box City State Zip Code County

Other Information

■ The Trust Board may need to table an application until the next monthly meeting because of insufficient information on an application. Can your application be tabled? ☐ Yes ☐ No

■ Can you proceed with partial funding of this request? ☐ Yes ☐ No

■ Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Cuivre River Electric Community Trust on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Cuivre River Electric Community Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Cuivre River Electric Community Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

Name of Organization/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Name & Title (please print): \_\_\_\_\_

Signature Representative: \_\_\_\_\_

Mail completed application and related documents to:

Cuivre River Electric Community Trust  
 P.O. Box 160  
 Troy, MO 63379

*Incomplete applications will automatically be denied assistance.*



**Cuivre River  
 Electric Cooperative**

A Touchstone Energy® Cooperative 