

8. Does agency serve outside McKenzie Electric Cooperative's service area?

Yes _____ No _____

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

9. State Purpose of Organizations/ Agency Request: (**Include amount requested and specifics of how funds will be used.**)

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.

Name			Phone
Address	City	State	Zip Code

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Address	City	State	Zip Code

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THE INFORMATION CONTAINED IN THIS STATEMENT IS FOR THE PURPOSE OF OBTAINING FUNDING FROM THE MCKENZIE ELECTRIC OPERATION ROUNDUP, 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 MCKENZIE ELECTRIC OPERATION ROUNDUP, INC., MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS PROVIDED.

THE MCKENZIE ELECTRIC OPERATION ROUNDUP, INC., 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