

Cuming County Public Power District Operation Round Up® Fund 500 South Main Street P.O. Box 256 West Point NE 68788 402-372-2463 or 877-572-2463 www.ccppd.com

Organization or Agency Application

* Please fill out in detail and in full. Incomplete applications may be excluded.

2. Address: Street or Post C			
Street or Post C	Office Box		
City or Town		State	Zip Code
3. Phone Number(s):			
	Work	Home	Cell
4. Contact Person:			
	Name		Title
	(Form 501[c]3) from	n Internal Revenue Service	come tax: Yes No must be attached.
	erritory last year (inc	cludes all of Cuming Count	in the Cuming County Public y, parts of Thurston, Burt, Dodge
		unty: Yes No ber served and location.	
8. Does your agency serve * If yes, please provide i			



	O. State purpose of Organization/Agency request: (Please fill out completely and in as much detail as possible for your request)				
1. List oth	her sources of funding for use of request as	described in the above:			
2. How ar	re your programs/projects measured for eff	fectiveness?			



13. Please list three references:

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 Cuming County Public Power District Operation Round Up® Fund on behalf of the undersigned. Each undersigned understands that the information provided herein is used in the deciding process to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Cuming County Public Power District Operation Round Up® Fund board members may consider this statement as continuing to be true and correct until a written notice of change is provided. The Cuming County Public Power District Operation Round Up® Fund board is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. Please be aware any incomplete or undetailed application may be excluded.

Name of Organization/Agency	
Signature of Representative	