

NIOBRARA VALLEY ELECTRIC GOODWILL FUND  
Post Office Box 60  
O'Neill, NE 68763  
(402) 336-2803

**APPLICATION FOR DONATION  
FOR ORGANIZATION/AGENCY**

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_ City or Town State Zip Code

3. Phone Number: \_\_\_\_\_  
Work Home

4. Contact Person: \_\_\_\_\_  
Name Title

5. 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.

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

a. Statement attached: \_\_\_\_\_

b. Forms requested: \_\_\_\_\_

7. Number of individuals, families or groups served in Boyd, Holt, Knox, Garfield or Wheeler Counties in  
last year: \_\_\_\_\_

8. Does agency serve outside Boyd, Knox, Holt, Garfield or Wheeler Counties:

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

AMOUNT REQUESTED: \_\_\_\_\_

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

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11. How are agency's programs measured for effectiveness?

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12. Please list three references:

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

The information contained in this statement is for the purpose of obtaining funding from the Niobrara Valley Electric Goodwill Fund 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 Niobrara Valley Electric Goodwill Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Niobrara Valley Electric Goodwill Fund 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