



BIG HORN REA ROUNDUP FOUNDATION
PO Box 270
Basin, WY 82410

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____
Street or PO 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,
available forms will be provided.

- A. Statement attached: _____
- B. Forms requested: _____

7. Number of individuals, families or groups served in _____ in last
year: _____

8. Does agency serve outside _____:

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.)

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

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 Big Horn REA Roundup Foundation 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 Big Horn REA Roundup Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Big Horn REA Roundup Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

The Big Horn REA Roundup Foundation Board generally meets the first Thursday of the month in March, June, September and December of each year.

Name of Organization

Signature of Representative

Date