



NODAK ELECTRIC TRUST  
P. O. Box 13000  
Grand Forks, ND 58208-3000  
(701) 746-4461

## APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

All applications for individuals or families must be submitted by an organization or agency such as Social Services, a church, or medical treatment facility.

**Incomplete Applications will be denied. Applications must:**

- Have each applicable line item on application completed.
- Include letter(s) of support from family members or other organizations.
- Include detailed estimates/price quotes with photos (if applicable)

1. Name of agency or organization submitting application:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Contact Person for Organization Submitting Application:

\_\_\_\_\_

2. Name of Individual or Family Needing Assistance: \_\_\_\_\_

Address:

\_\_\_\_\_  
(Street and/or Post Office Box)

\_\_\_\_\_  
(City or Town) (State) (Zip code)

Phone Number: \_\_\_\_\_  
(Home) (Work)

3. Amount Requested: \$ \_\_\_\_\_

4. Reason for the Request – Include Specific Use of Funds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list.

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Nodak Electric Trust publishes a list of all successful applications in the *Nodak Neighbor*, Nodak Electric Cooperative, Inc.'s official publication.

The information contained in this statement is for the purpose of obtaining funding from the Nodak Electric Trust 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 Nodak Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Nodak Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

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SIGNATURE

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TITLE WITHIN ORGANIZATION OR AGENCY

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DATE