

BERKELEY ELECTRIC TRUST

Post Office Box 1234
Moncks Corner, SC 29461
(843) 761-8200

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 the letter from the Internal Revenue Service MUST be attached. (Form 501(c)3)

**** A COPY OF FINANCIAL STATEMENT(S) FOR MOST PREVIOUS YEAR MUST BE PROVIDED**.**

7. Number of individuals, families or groups served in Berkeley, Dorchester or Charleston counties in the last year: _____

8. Does agency serve outside Berkeley, Dorchester or Charleston counties: Yes____ No____

If YES, please provide information on number served and location: _____

9. State purpose of Organization/Agency Request (Include amount requested and specify how funds will be used): _____

10. List other sources of funding that will be used for request described above (if applicable): _____

11. How are the Organization's/Agency's programs measured for effectiveness?

12. Please list three references:

Name	Phone
Name	Phone
Name	Phone

The information contained in this statement is for the purpose of obtaining funding from the Berkeley Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding the grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Berkeley Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. THE BERKELEY ELECTRIC TRUST 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