

QUESTIONS:

P: 903 455 1715

E: Mspurrier@farmerselectric.coop

EMAIL OR FAX THIS FORM TO:

E: Mspurrier@farmerselectric.coop

F: 903 453 0654

OR MAIL THIS FORM TO: Farmers Electric Cooperative Charitable Foundation

Charitable Foundation 2000 Interstate 30 East Greenville, TX 75402

APPLICATION FOR FUNDING

DIRECTIONS: PLEASE COMPLETE THE APPLICATION AND RETURN WITH SUPPORTING DOCUMENTATION. YOU MAY RETURN YOUR FORM BY EMAIL, FAX, OR MAIL TO THE ADDRESSES ABOVE.

IF YOU NEED ASSISTANCE, PLEASE CONTACT MAGGIE SPURRIER, ADMINISTRATIVE ASSISTANT, AT 903 453 0554.

| ORGANIZATION INFORMATION | | | | | | | | | |
|--|---|------------|--------------|----------------|--------|------|--|--|--|
| Organization Name | | | | | | | | | |
| Mailing Address: | | Apt/Suite: | City: | | State: | Zip: | | | |
| Day Time Phone (Area Code): — | Name and Title of Contact Person | I | I | Email Address: | I | | | | |
| Is the organization exempt from payment of income tax? YES NO If "Yes," please attach a copy of your 501(c)(3) letter from the Internal Revenue Service. | | | | | | | | | |
| Please provide your financial statement for the most recent year. | | | | | | | | | |
| Number of individuals, families, or groups in the Farmers EC service area your organization assisted last year? (Farmers EC serves parts of eastern Dallas, Collin, Rockwall, Hunt, Kaufman, Rains, Hopkins, Delta, Franklin, Fannin, Van Zandt and Wood counties.) | | | | | | | | | |
| Does your organization serve location | ns outside the Farmers EC service area? | YES 1 | NO If so, wh | ere? | | | | | |
| | | | | | | | | | |
| Amount Requested: | | | | | | | | | |
| State the purpose of your organization's funding request and details of how the funds will be used. | | | | | | | | | |
| Please list other sources of funding for | or the purpose(s) described above. | | | | | | | | |
| How are your organization's programs | s measured for effectiveness? | | | | | | | | |

903 455 1715 | FarmersElectric.coop | 2000 Interstate 30 East, Greenville, TX 75402

PAGE: 1 of 2

FORM REV 20190313 YOU'RE IN POWER.



APPLICATION FOR FUNDING

| ODOANIZATION INFORMATION CONTINUED | | | | | | | | |
|--|---|--|---|--|---|--|--|--|
| ORGANIZATION INFORMATION CONTINUED DIRECTIONS: PLEASE LIST THREE REFERENCES WHO ARE NOT DIRECTORS OR EMPLOYEES OF FARMERS ELECTRIC COOPERATIVE OR THE FARMERS ELECTRIC CHARITABLE FOUNDATION. | | | | | | | | |
| DIRECTIONS: PLEASE LIST THREE REFERENCES WHO ARE NOT DIRECTO | JKS UK EMPLUYEE | 5 OF FARIVIERS ELE | CIRIC COUPERATIVE OR TH | E FARIMERS ELECTRIC CHA | RITABLE FOUNDATION. | | | |
| Contact Name: | Daytime Phone (Area Code): | | Email Address: | | | | | |
| | _ | | | | | | | |
| Street Address: | Apt/Si | uite: City: | | State: | Zip: | | | |
| | | | | | | | | |
| Contact Name: | Daytime Phone | Area Code): | Email Address: | | | | | |
| | _ | | | | | | | |
| Street Address: | Apt/Si | uite: City: | | State: | Zip: | | | |
| | | | | | | | | |
| Contact Name: | Daytime Phone | Area Code): | Email Address: | | | | | |
| | _ | | | | | | | |
| Street Address: | Apt/Si | uite: City: | | State: | Zip: | | | |
| | | | | | | | | |
| THE INFORMATION CONTAINED IN THIS APPLICATION IS FOR TO ON BEHALF OF THE UNDERSIGNED. THE UNDERSIGNED UNDER FUNDING, AND EACH UNDERSIGNED REPRESENTS AND WARRAGELECTRIC CHARITABLE FOUNDATION MAY CONSIDER THIS STAPROVIDED. THE FARMERS ELECTRIC CHARITABLE FOUNDATION THE STATEMENTS MADE HEREIN BY THE APPLICANT OR BY RE | RSTANDS THAT T ANTS THAT THE TEMENT AS CO N IS AUTHORIZE | THE INFORMATION F INFORMATION F NTINUING TO BE | ON PROVIDED HEREIN IS PROVIDED IS TRUE AND TRUE AND CORRECT U | S USED IN DECISIONS T COMPLETE AND THAT INTIL WRITTEN NOTICE | O GRANT OR DENY THE FARMERS OF ANY CHANGES IS | | | |
| Signature of Authorized Representative | | | | | | | | |
| Printed Name: | | | | | | | | |
| Title: | | | | | | | | |
| Date: | | | | | | | | |

903 455 1715 | FarmersElectric.coop | 2000 Interstate 30 East, Greenville, TX 75402

PAGE: 2 of 2