REQUEST, SUMMARY, AND DISPOSITION

<u>REQUEST</u>				
Date of Request:				
Name of Organization:		Tax ID#		
Address:	City:	State:	Zip:	
Contact Person:		Telephone	#:	
Type of Donation:		Cash Amount \$		
Mission/Purpose of Organization	::			
		A 501(c) 3 Nor	n-profit:	
How support will be used:				
Organization's budget or funding	g goal:			
Support received from other sour				
Documentation to verify tax state	us (if applicable):			
Other information appropriate to	evaluate request:			
Is your group associated with any yes, give name and their role in y				If
Attach additional sheets or docur	mentation, if necessary.			

REQUESTING PARTY'S SIGNATURE: _____

SUMMARY

Guidelines:

YES	NO			
		The Cooperative's participation can be accommodated within available resources.		
		The activity provides benefits within the community served by the Cooperative, and/or will provide benefits to the Cooperative's members.		
		The activity is not-for-profit, and at least 85 percent of the donation will be used to provide benefits and services rather than pay administrative or promotional costs.		
		The Cooperative's participation will leverage community resources by extending support committed by other public and private entities.		
		The activity will enhance the Cooperative's value in the community.		
		Would the donation or contribution go to any of the following?		
		- Individual or for-profit organization.		
		- Political campaign or party		
		- Religious organization		
		- Group that discriminates on the basis of age, race, sex, or national origin		
		- Organization does not advance a public purpose or a Federated Rural Electric purpose		

Nature of benefits and range of distribution:

- □ Medical/Health/Nutritional (Maximum contribution \$500)
- Socioeconomic/Education
- □ Community Affairs
- □ Non-specific

(Maximum contribution \$400) (Maximum contribution \$500) (Maximum contribution OPEN)

DISPOSITION

For Federated Rural Electric Office Use Only:

Requ	est:	
	Received by:	Date received:
	Denied: Reason:	
	Approved: Donation Description: Amount \$	
Signa	ture: General Manager or Board Chair/Director	-
Date:		

Policy No. 101 Charitable Donations Contributions & Sponsorships Request, Summary, & Disposition Form Implemented/Effective 11/30/15