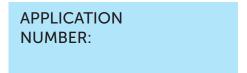


P.O. Box 1178 ~ Okmulgee, OK 74447 Phone: 918.756.0833 Fax: 918.756.6539 www.ecoec.com





## Grant Application for Organization/Agency

Application deadline is 4 p.m. on the 1st day of February, May, August, and November. An incomplete application may not be considered.

1.	Name of Organization:		
2.	Address: [	Email: ————	
	City/State/Zip:		
3.	Contact Person: Name	Title	
4.	Phone Number: ( )	( )	
5.	Is organization requesting funding exempt from payment of including lines, copy of letter (Form 501 [c]3) from the Internal Revenue Federal ID#		
6.	Number of individuals, families or groups served in Okmulgee, e., and Muskogee counties in the last year:		
7.	Does agency serve outside Okmulgee, Creek, Tulsa, McIntosh, Counties?  Yes ——— No———  If yes, please provide information on number served and location		
8.	3. What is the general purpose or goal of the organization?		
[	District 1 2 3 4 5 6 7	Date Reviewed: ————————————————————————————————————	

9.	and specifics of how funds will be used. A copy of the price(s) quoted for the item(s) to be purchased with the funds <u>must</u> be included with this application.		
10.	A copy of your most recent financial statement listing all income and expenses, including cash or cash equivalents must be included with this request.		
11.	Please list other sources of funding for this red	quest	
12.	How are agency's programs measured for eff	fectiveness?	
Ple	ase list three references, who are familiar with	your project.	
	Name:	Phone:	
	Address:	City, State, Zip:	
	Name:	Phone:	
	Address:	City, State, Zip:	
	Name:	Phone:	
	Address:	City, State, Zip:	
on in c true cor	behalf of the undersigned. Each undersigned deciding to grant funding, and each undersigner and complete and that the ECE Foundation re	r the purpose of obtaining funding from the ECE Found understands that the information provided herein is use ed represents and warrants that the information provide may consider this statement as continuing to be true ar ded. The ECE Foundation, Inc. is authorized to make al acy of the statements made herein.	ed ed is nd
		NAME OF ORGANIZATION/AGENCY	
		SIGNATURE OF REPRESENTATIVE	
		DATE	

I,, hereby consent that the for which I posed or which are taken as a result of my participal Up may be used by ECE Foundation, Inc., East Central Oklaho tion of Electric Cooperatives, its employees, agents, and repredation ("Indemnitees") in whatever way they may desire, included consent that any such photographs, films, recordings, electror they were made or produced shall be their property, and they and make other such use of said photographs, videos, and/or they may desire, without any claim on my part. I will defend, i of them harmless from all liability, damage, loss, and claims ari use by the Indemnitees, or any of them, of the photographs, viceordings of myself as described above.	ma Electric Cooperative, or Oklahoma Associa- sentatives, and others authorized by the Foun- ding, but not limited to, media press releases. I nic images, or other media upon or from which shall have the right to duplicate, reproduce electronic images and/or audio recordings as ndemnify, and hold the Indemnitees and each ising from or in any way associated with the
Name Date	e