

Commitment to Community Grant Application



Date:

Name of organization or agency requesting grant funds:

Agency/organization address:

City : State : Zip Code:

Contact name:

Agency phone: Website:

Contact phone: Contact email:

- This organization is exempt from the payment of income tax.
- This organization is NOT EXEMPT from the payment of income tax.

Dollar amount requested (mandatory):

State purpose of request. Include specifics of how the funds will be used:



List other sources of funding or forms of assistance:

Describe any critical or unusual circumstances related to the need for funding (e.g. start-up program, other funding reduced, matching grants):

Other information we should consider (e.g. date funds are needed):

Date funds are needed:

Date completed and submitted:

To mail the completed form to St. Croix Electric Cooperative, please use the address at the beginning of the form and send it to the attention of *Commitment to Community Grant Application*.