

Sam Houston Electric Cooperative Charitable Foundation

Funding Request Application

Please complete the application and return with supporting documentation using one of the following methods:

By email: operationroundup@samhouston.net

By mail: Sam Houston Electric Cooperative Charitable Foundation

PO Box 1121

Livingston, Texas 77351

In person at any Sam Houston Electric Cooperative office location:

Livingston Office: 1157 E Church Street, Livingston, TX 77351

Coldspring Branch Office: 14201 Highway 150 W, Coldspring, TX 77331

Woodville Branch Office: 1424 Highway 287 N, Woodville, TX 75979

1. Applicant: _____
2. Complete Mailing Address: _____

3. Daytime Phone Number(s): _____
4. Name and Title of Applicant's Contact Person: _____

5. Email Address: _____
6. Is the Applicant classified as a tax exempt entity under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and classified as a public charity?
Yes _____ No _____
If Yes, please attach a copy of Applicant's 501(c)(3) letter from the Internal Revenue Service.
If Yes, please attach a copy of Applicant's IRS Form 990 from the past two years.
7. Please provide Applicant's financial statement for the most recent year.
8. Number of individuals, families or groups in the Sam Houston Electric Cooperative service area that Applicant assisted last year.

(Sam Houston services areas in Polk, Tyler, Jasper, Angelina, Trinity, Walker, San Jacinto, Montgomery, Liberty and Hardin counties.)

Does the Applicant serve locations outside the counties listed in question 8? If so, where?

9. State the purpose of the Applicant's funding request. Please include the amount requested and details of how the funds will be used. (May attach as separate document)

10. Please list other sources of funding for the purposes(s) described in Item 10.

11. How does the Applicant measure the effectiveness of its programs?

12. Please list three references for the Applicant and its management who are not Directors or employees of Sam Houston Electric Cooperative, Inc. or the Sam Houston Electric Cooperative Charitable Foundation.

Name: _____
Daytime Phone: _____
Email: _____
Complete Mailing Address: _____

Name: _____
Daytime Phone: _____
Email: _____
Complete Mailing Address: _____

Name: _____
Daytime Phone: _____
Email: _____
Complete Mailing Address: _____

The undersigned, on behalf of Applicant, hereby:

- Understands and agrees that the information provided herein by Applicant is provided for the Sam Houston Electric Cooperative Charitable Foundation to evaluate the possibility of offering or denying funds requested herein by Applicant;
- Represents and warrants that the information provided herein is true and complete and may be relied upon in determining whether funds will be offered or denied;
- Understands and agrees that if a determination is made to offer funds to Applicant such funds will be subject to the terms and conditions of a Funding Agreement that Applicant will be required to sign prior to any funds being delivered;
- Authorizes the Sam Houston Electric Cooperative Charitable Foundation to make any and all inquiries as it deems necessary to verify the accuracy of the statements and representations made herein or by reference; and
- Represents that in his/her capacity for the Applicant that he/she has full, requisite corporate power and authority to sign and submit this Funding Request Application for consideration.

By (signature): _____

Name (print name): _____

Title: _____

Date: _____