

MOR-GRAN-SOU ELECTRIC COOPERATIVE INC.  
**GRANT APPLICATION**

Application # _____ (Internal use only)
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**Instructions:**

Applicants are requested to submit application form based on the following:

For requests	\$0 - \$1,000	Complete Parts I and II.
	\$1,000 - \$5,000	Complete Parts I, II, III.
	Over \$5,000	Complete Parts I, II, III and IV.

**Please type or print in black ink.** Attachments may be necessary due to space limitations. Attachments should be paper clipped to the application forms or attached to the email. **Sign all pages submitted.**

Please save this page to your computer. Complete all fields and save. Reopen the document to doublecheck that any changes have been saved. Then, either:  
-Email to Mor-Gran-Sou Electric Cooperative at info@morgransou.com or  
-Mail to Mor-Gran-Sou Electric Cooperative, Inc., PO Box 297, Flasher, ND 58535-0297.

**Part I: Organization Information**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact: \_\_\_\_\_  
(Name/Title) (Phone) (Fax) (E-mail)

Has organization received notice from the Internal Revenue Service of a tax-exempt or determination under Section 501 (c)(3) of the Internal Revenue Code?

\_\_\_\_\_ Yes – If yes, please supply a copy of such ruling with this application form  
\_\_\_\_\_ No – If no, please explain \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Describe your organization and its purpose:
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Have you had any pending or recent lawsuits challenging the propriety of your disbursements and /or actions of your staff, volunteers or board members?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had any pending or recent publicity viewed as adverse or critical?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered “Yes” to either of the previous two questions, please furnish a summary of the circumstances:
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I acknowledge that all the information in this grant application is true to the best of my knowledge. I certify that the funds applied for will benefit charity or a non-profit purpose.

**Part II: The Project**

What is the amount of grant monies requested: \$ \_\_\_\_\_

What is the estimated completion date of the project: \_\_\_\_\_

Describe the project:

Describe the need for the project:

Describe the geographic area the project will serve:

Describe the community support for the project:

**Part II: The Project (continued)**

Describe how the project contributes to the mission of the organization:

Why should Mor-Gran-Sou Electric Cooperative Inc. support this project:

Describe the expected results from this project:

I acknowledge that all the information in this grant application is true to the best of my knowledge. I certify that the funds applied for will benefit charity or a non-profit purpose.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Part III: Budget**

Total fund drive amount: \$ \_\_\_\_\_ Amount secured to date: \$ \_\_\_\_\_

Over what time period is the funding being sought? \_\_\_\_\_

List major corporate commitments and amounts received for this project:

List other funding sources and amounts pledged or received for this project:

Does this project involve affiliation/collaboration with other agencies/organizations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list names of those agencies/organizations and attach any letters of agreement or support that may be appropriate:

**Part III: Budget (continued)**

Fiscal Period: \_\_\_\_\_ to: \_\_\_\_\_  
 (Month) (Year) (Month) (Year)

Project Costs:	Total	Funds you are committing to the project
<b>Administrative:</b> (Includes salaries, benefits, other personnel expenses)	\$	\$
<b>Operational:</b> (Supplies, equipment, daily expense items)	\$	\$
<b>Promotional:</b> (Fund raising, advertising, marketing expenses)	\$	\$
<b>Other Costs:</b> (Please explain below)	\$	\$
<b>TOTALS:</b>	\$	\$

Explanation of other costs (if applicable):

I acknowledge that all the information in this grant application is true to the best of my knowledge. I certify that the funds applied for will benefit charity or a non-profit purpose.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Part IV: Project Evaluation**

Who will be responsible for the project evaluation? \_\_\_\_\_

Please detail the procedures by which the project will be evaluated:

I acknowledge that all the information in this grant application is true to the best of my knowledge. I certify that the funds applied for will benefit charity or a non-profit purpose.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

For Mor-Gran-Sou Electric Cooperative Inc. Only:

Request for funding reviewed on: \_\_\_\_\_

Amount Contributed: \_\_\_\_\_ (Signature)

Request Denied: \_\_\_\_\_