



COTTON ELECTRIC

CHARITABLE FOUNDATION

226 North Broadway • Walters, OK 73572 • (580) 875-3351

Application Instructions

1. Please complete all sections of the application. If an item is not applicable to your organization, please make note in the space provided.
2. If you are exempt from income tax, please attach verification such as a copy of letter 501(c)3 from the Internal Revenue Service or an explanation of why your organization is considered to be exempt.
3. Please include a recent financial statement. If your organization completes an annual audit, please attach a copy with your application.

If your organization does not complete an annual audit, please attach a copy of your treasurer's report and bank statements to verify your source of funding, funds available, etc.

4. Please be specific when describing how the funds will be used if approved and attach price estimates if available.

Grant Application Guidelines

Geographic Focus

The Cotton Electric Charitable Foundation (the "Foundation") provides funds for Charitable purposes within the service area of Cotton Electric Cooperative, Inc. (CEC)

Grant Cycles

Grant applications are reviewed quarterly. Applications are to be received in the CEC offices by the close of business 14 days before the quarterly meeting of the Foundation board of directors.

Grant Amounts

Grants to any group, organization, charity or similar organization will not exceed \$10,000 and grants to individuals will not exceed \$2,500.

SCHOOL REQUIREMENT

All applications for grants benefitting schools require the signature of the school superintendent. This includes applications submitted by booster clubs, parent-teacher organizations and other school-related groups, teachers and principals. This requirement was established to ensure coordinated communication on projects that fit a school district's priorities.

Categories of Assistance

1. Communities

- Programs, projects and organizations that are important components of a community's overall quality of life, with emphasis on public safety, health care, self-sufficiency, and basic human needs.

2. Education and Youth

- Programs and projects designed to combat critical social problems affecting youth, particularly children and teens at risk.
- Programs and projects that promote youth wellness.
- Programs and projects that work to provide supplemental materials and equipment for schools.
- Programs and projects to enhance school facilities.

3. Seniors

- Programs and projects to support organizations and the facilities serving senior citizens.

4. Volunteer Fire Departments

- Programs and projects to enhance volunteer fire department facilities and vehicles.
- Equipment and gear purchases and upgrades.

5. Individuals

- An individual or family in need of assistance may request a grant. Examples of need conditions may include the consequences of a disaster, catastrophic illness, or permanent disability.
- Individual applications must include a letter of referral from a sponsoring group such as a church, civic organization or other group wanting to raise funds for the individual.

The Foundation will not consider requests for general operating funds, capital campaigns or support for salaries. The Foundation prefers requests for program needs.

The Foundation will not consider requests for the benefit of an individual or family unit unless the application includes a letter from a sponsoring group. Grants will be issued to the sponsoring group.

Applicant Eligibility

1. Contributions will generally be made only to not-for-profit organizations that have been granted tax-exempt status by the Internal Revenue Service; and to civic-based entities.
2. The organization must contribute to the community's health and/or welfare.
3. The organization's services must be non-discriminatory in nature.
4. Activities affiliated with a religious organization with a secular community designation are eligible for the Foundation's consideration of support. *A secular designation is defined as an organization separate from the church or religious organization that provides services to people regardless of their religious beliefs and does not propagate a belief in a specific faith. (Example: A food bank that is a separate 501(c)(3) organization from a church and provides food and meals to anyone who qualifies for services, regardless of religious belief.)*

Evaluation Factors

1. The following factors will be considered in the evaluation of all funding requests:
 - Potential benefit to residents of the CEC service area and the entire community.
 - Prior contribution level of Foundation or community support for the program or project or the organization requesting the funds.
 - Fiscal and administrative capability of the organization to deliver a quality service or program.
 - Results that are predictable and can be evaluated.
2. The Foundation's Board of Directors shall evaluate all funding requests and determine whether to issue a grant for all or a portion of the funds requested.

Project Timing

Request for funding should state whether the funds are intended for ongoing operations or for a specific project that will terminate at some point in the future. Whenever possible, requests for funding should be for projects that will be completed within 12 months following the Foundation's approval of the grant application.

Contingent Grants

In the case of a grant application's being a part of a large fundraising effort, the Foundation may choose to make a grant contingent upon the requesting organization raising the remaining funds. Grant recipient will be required to submit documentation showing the additional funds are in place before the Foundation releases the funds earmarked for the project. The Foundation will hold the funds for no more than one year.

Public Relations

Basic information about grants issued by the Foundation to an organization will be publicized. Information will include the name of the grant recipient, a description of how the funds will be used and the amount of the grant.

Occasionally, an organization and grant project will be highlighted more in-depth in publicity and public relations efforts by Cotton Electric Cooperative. Selection of organizations and projects to be featured is at the sole discretion of CEC.



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All applications for individuals must include a letter of referral from another reputable service agency. Applications without a letter of referral will not be considered.

1. Name: _____

2. Other Members of Household: (include proof of dependency for minor children)

	Last Name	First Name	MI	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

4. Phone No. _____

Home

Work

5. Employer of those listed in No. 1 and No. 2 above:

1. _____

2a. _____



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2b. _____

2c. _____

2d. _____

2e. _____

6. Reason for Request for Donation: (Include amount requested and specific use of funds. If request is for children, include age and clothing sizes if applicable.)

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? If yes, please explain.



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8. Statement of Financial Condition as of (Date) _____.

ASSETS	AMOUNTS
Cash	\$ _____
_____ Banking Institution Acct. No.	\$ _____
_____ Banking Institution Acct. No.	\$ _____
_____ Banking Institution Acct. No.	\$ _____
Real Estate	\$ _____
_____ Partial or Wholly Owned County	Market Value
_____ Partial or Wholly Owned County	\$ _____ Market Value
_____ Partial or Wholly Owned County	\$ _____ Market Value
Securities	\$ _____
_____ Description Identification No.	Value
_____ Description Identification No.	\$ _____ Value
_____ Description Identification No.	\$ _____ Value
Other Receivables (State type: Personal property, loan receivable, auto, life insurance – cash value, other assets. Include description, account number, etc.)	
_____ Type	\$ _____ Value
_____ Type	\$ _____ Value
_____ Type	\$ _____ Value
TOTAL ASSETS	\$ _____



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MONTHLY EXPENSES		AMOUNTS
Housing	Mortgage _____ Rent _____	\$ _____
Food		
Utilities	Electricity _____	\$ _____
	Gas _____	\$ _____
	Telephone _____	\$ _____
Transportation	Automobile Payments _____	\$ _____
	Gasoline _____	\$ _____
Insurance	Medical _____	\$ _____
	Life _____	\$ _____
	Automobile _____	\$ _____
Medical	Doctors _____	\$ _____
	Hospital _____	\$ _____
	Medication _____	\$ _____
Charge Accounts (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Loans (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Taxes (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Other Expenses (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES		\$ _____



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SOURCES OF MONTHLY INCOME	AMOUNTS
Salary _____ Employer's Name	\$ _____
Bonus, Tips & Commissions _____	\$ _____
Dividends & Interest _____	\$ _____
Real Estate Income _____	\$ _____
Farm Income _____	\$ _____
Other (please state: alimony, child support, other)	
_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
TOTAL SOURCES OF MONTHLY INCOME	\$ _____

9. Please list three references (May not be a director or employee of Cotton Electric Cooperative or the Cotton Electric Charitable Foundation).

Name Phone

Address City State Zip

Name Phone

Address City State Zip



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Name Phone

Address City State Zip

The information contained in this statement is for the purpose of obtaining funding from the Cotton Electric Charitable Foundation, on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Cotton Electric Charitable Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. I also acknowledge that a written letter of referral is required for all individual applications. The Cotton Electric Charitable Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein by the applicant or those making referral.

Signature of Applicant/Recipient

Signature of Spouse

Date