

OEC Foundation, Inc.

P.O. Box 721105
Norman, OK 73070
405-217-6710

**APPLICATION FOR DONATION
FOR ORGANIZATION**

1. Name of Organization: _____

2. Address: _____
Street or Post Office Box

City State Zip

3. Phone No. _____
Home Work

4. Contact Person _____
Name Title

5. Organization Federal Tax ID #: _____

6. Is organization requesting funding exempt from payment of income tax:
Yes ____ No ____ **If yes, a copy of letter (Form 501 [c]3) from Internal Revenue Service must be attached.**

7. A copy of financial statement(s) for most previous year should be provided.
 - a. Statement attached: _____

8. Number of individuals, families or groups served in Canadian, Caddo, Cleveland, McClain, Oklahoma, Grady and Pottawatomie Counties last year: ____.

9. Does agency serve outside Canadian, Caddo, Cleveland, McClain, Oklahoma, Grady and Pottawatomie Counties?

Yes _____ No _____

10. State purpose of organization's/agency's request: (Include amount requested and specifics of how funds will be used.)

11. List other sources of funding for use of request as described in the above:

12. How are agency's programs measured for effectiveness?

13. Please list three references.

_____		_____	
Name		Phone	
_____		_____	
Address	City	State	Zip
_____		_____	
Name		Phone	
_____		_____	
Address	City	State	Zip
_____		_____	
Name		Phone	
_____		_____	
Address	City	State	Zip

The information contained in this statement is for the purpose of obtaining funding from the OEC Foundation, Inc., 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 OEC Foundation, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The OEC Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization

Signature of Representative

Date