

SANTEE ELECTRIC TRUST

Post Office Box 548
Kingstree, SC 29556
(803) 354-6187



APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

3. Phone Number: _____

Work

Home

4. Contact Person: _____

Name

Title

5. 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.

*6. A copy of financial statement (s) for most previous year should be provided.

7. Number of individuals, families or groups served in Clarendon, Florence,
Georgetown or Williamsburg Counties last year: _____

* Not required initially - May be requested at a later date.

8. Does agency serve outside Clarendon, Florence, Georgetown or Williamsburg Counties:

Yes _____ No _____

If yes, please provide information on number served and location.

9. State Purpose of Organizations/Agency Request: (Include amount requested and specifics of how funds will be used.)

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

11. How are agencies programs measured for effectiveness?

12.. Please list three references.

Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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The information contained in this statement is for the purpose of obtaining funding from the Santee Electric Trust 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 Santee Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Santee Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

Name of Organization

Signature of Representative

Date