KBR RPPD OPERATION ROUNDUP FUND

Post Office Box 187 Ainsworth, NE 69210 (402) 387-1120

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

Click to View By-Laws

•	Name of Organization	on:		
	Address:			
		Street or Post Office Box		
		City or Town	State	Zip Code
	Phone Number: _			
	Contact Person: _	Work	Home	
		Name	Title	
	Yes No _ must be attached.	ials, families or groups in Bi	m payment of income tax: ter (Form 501 [c]3) from Internal R rown, Cherry, Keya Paha, Rock Cou	
	Does agency serve Yes No	outside Brown, Cherry, Key ——	va Paha, Rock Counties:	
	If yes, please provid	de information on number	served and location.	
	State Purpose of Or the funds will used		t: (Include amount requested and	specifics of how
	AMOUNT REQUEST	ED:		

List other sources of fund	ing use of request as describe	ed in the above:	
How are agency's prograr	ms measured for effectivenes	s?	
Please list two references	:		
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 KBR RPPD Operation Roundup Fund on behalf of the undersigned. Each undersigned understands that the information provided here in is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the KBR RPPD Operation Roundup Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The KBR RPPD Operation Roundup Fund 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				