

Inland Power Community Foundation
Organization/Agency Application



Organizations may apply for funding for a specific need or project only. Please fill out this application as thoroughly as possible. It is the primary source used to determine your qualifications for assistance.

Organization/Agency Information:

Name of organization/agency: _____

Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Amount requested: _____ Project name: _____

The following typed narrative MUST accompany this application:

1. Organization description
2. Project description (one to two pages maximum)
3. Explanation of how funds will be used (one to two pages maximum)
4. A list of all communities your organization serves

If applicable or available, the following documents MUST accompany this application:

1. IRS tax-exempt documentation
2. Current financial statement and balance sheet

For schools:

1. Please include your PTO budget: _____
2. Private school annual tuition (if applicable): _____

Approximate number of individuals, families or groups served by Inland Power: _____

How many people will the funding request impact in the next calendar year? _____

The information contained in this statement is for the purpose of obtaining funding from the Inland Power Community Foundation on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding grant funding. The undersigned represents and warrants that the information provided is true and complete and that Inland Power may consider this information is true and correct until a written notice of a change is provided. Inland Power is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. By signing this application, authorization is granted for providers contacted by the Inland Power Community Foundation Board to supply the information requested to verify this application.

We understand that if we are selected for funding by Inland Power our name may be used in the promotion of the Inland Power Community Foundation.

Organization name: _____

Signature of representative: _____ Date: _____

Submit completed application and documents to:

communityfoundation@inlandpower.com

-or-

Inland Power & Light
Attn: Inland Power Community Foundation
PO Box A
Spokane, WA 99219

For Office Use Only

Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount:	\$ _____	
Verified by:	_____	
Signature:	_____	
Vote Record:	<input type="checkbox"/> Meeting Minutes	<input type="checkbox"/> Email