

Community Cents, Inc.
EIN: 83-1863205

COMMUNITY CENTS, INC.

I 102 W. 9th St. N.
Ladysmith, WI 54848
(715) 532-5524

**ORGANIZATION/AGENCY
APPLICATION FOR DONATION**

1. Organization/ Agency Name: _____
2. Address: _____
Street or P.O. Box

City or Town State Zip Code
3. Phone Number: _____
Home Work
4. Contact Person: _____
Name Title
5. Is the organization/agency requesting funding exempt from payment of income tax?

Yes ☐ No ☐

If yes, a copy of the organization/agency's 501(c)(3) determination letter from the Internal Revenue Service must be attached.
6. Copies of the following documents are required:
 - a. Financial Statement;
 - b. Form 990 (most recent and the previous year); and
 - c. W-9.
7. Number of individuals, families, or groups served in Rusk, Sawyer, Taylor, Chippewa, Barron, and Price Counties in the last year: _____
8. Does the organization/agency serve outside Rusk, Sawyer, Taylor, Chippewa, Barron, and Price Counties:

Yes ☐ No ☐

If yes, please provide information on number served and location: _____

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9. State the purpose of the organization/agency request (include the amount requested and specify how funds will be used):

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

11. How are the organization/agency programs measured for effectiveness?

12. Please list three references for the organization/agency with complete names, addresses and telephone numbers. No director, officer, or employee of Jump Electric Cooperative, Inc. or Community Cents, Inc. may be listed:

Name	Phone
Address	City State Zip Code

Community Cents, Inc.
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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 Community Cents, 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 Community Cents, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. Community Cents, 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

Name of Representative

Title of Representative

Date