

Community Connections application form



Organization information

Name of organization _____ Employer Identification Number (EIN) _____

Address _____ City, State, ZIP _____

Phone () _____ Fax () _____ Web site _____

Name of contact person regarding this application _____ Title _____

Phone () _____ Email _____

Is your organization a charitable, not-for-profit IRS 501(c)(3) tax-exempt organization? Yes No

If no, is your organization a public agency/unit of government? Yes No

Proposal information

Please provide a short summary of your request:

Primary geographic area served by the organization:

Minnesota: Bemidji Crookston Fergus Falls Morris All Other

North Dakota: Devils Lake Garrison Jamestown Oakes Rugby Wahpeton All

South Dakota: Milbank Other

Organization type:

Education Health and human services Arts and culture Community Environment

Demographics served (youth, elderly, women, etc.): _____

Requesting support for (please check one):

General operating Program/project support Scholarships Capital Membership

Project dates (if applicable): _____ Fiscal year end: _____

Budget

Dollar amount requested: \$ _____

Total annual organization budget: \$ _____

Total project budget (for support other than general operating): \$ _____

Background

Organization's mission statement:

Briefly describe your organization's history; include past accomplishments and recent activities:

Current board of directors and affiliations:

Identify and explain any relationships Otter Tail Power Company employees and/or directors have with your organization.

How many people will benefit from this request?

How many people does your organization directly serve?

Will the requested funds be matched? Yes No
If yes by whom?

How was the need determined? How will the project respond to this need?

What special qualifications does your organization possess to address this need?

Please provide specific objectives, completion dates, and success measures for this request.

If capital, will the funds be used for energy-efficient building improvements? Yes No

What other organizations are addressing the same or related objectives and what coordination efforts have you planned?

Please provide a list of funders and amounts pledged or paid.

If the project is ongoing, please describe plans for future funding sources for succeeding years.

Mail completed form to: Community Connections
Otter Tail Power Company
215 South Cascade Street
Fergus Falls, MN 56537

Questions? Contact Becky Luhnig
at bluhnig@otpc.com
or call 218-739-8206