## **IEC FOUNDATION, INC.**

## P.O. Box 49 Cleveland, OK 74020 918-295-9500

Application for Donation For Organization/Agency

	Date:						
1.	Name of Organization:						
2.	. Address: Street or Post Office Box						
	City	State	Zip Code				
3.	Phone Number:						
4.	Contact Person: Name	)	Title				
5. ta		ng funding exempt fi No					
	yes, a copy of letter (For ust be attached.	m 501(c)3) from the	e Internal Revenue Service				
6.	6. A copy of latest financial statement(s) should be provided.						
7. Number of individuals, families or groups served last year (by county):							
	Creek Kay Noble Osage	_					

8. Does agency serve outside previously listed counties? Yes\_\_\_ No\_\_\_\_ If yes, please provide information on number served and location. 9. State purpose of organization/agency's request: (Include amount requested and specifics of how funds are to be used)

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

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

Please list three local references who are not relatives who can be contacted to discuss your application for assistance:

Name	e Phone			
Address	City	State	Zip Code	
Name		Phone		
Address	City	State	Zip Code	

Name		Phone	
Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from the IEC Foundation on behalf of the undersigned. Each undersigned understands 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 IEC Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Applicant and his or her spouse, if applicable, hereby authorizes the IEC Foundation to make all inquiries it deems necessary to verify the accuracy of the statements made herein and all other statements contained in such other information as the IEC Foundation may obtain in its review of this application.

Name of Organization

Signature of representative and title

Date