NineStar Community Trust, Inc.



Amount Requested

\$

Organization Application for Donation

General Information Organization/Agency Name

Address City Zip Code State Phone Number Fax Number Contact Name Title Phone Number (if different than above) Email Address Is your organization exempt from payment of income tax? \square yes \square no (If yes, please attach a copy of a letter or form providing proof of income tax exemption status, such as a 501(c)(3) letter from the Internal Revenue Service.) Approximate number of individuals, families, or groups served by your organization that are within the NineStar Connect service area: Does your agency serve outside NineStar Connect area: yes no (Operation RoundUp funds are to be used to benefit communities, organizations, and individuals within the NineStar Connect service area.) State purpose and specifics of how funds will be distributed: (If more space is required, please attach separate sheet.)

Operation RoundUp Application Cont'd

Signature of Organization's Representative

	<u>o Staples, Please)</u> st other sources of funding t	for use of request as described above:			
Funding Source:		Am	Amount:		
WI	nat criteria does your organ	ization use to measure its programs eff	fectiveness?		
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_					
Re	eferences				
1.	Name		Phone Numbe	<u> </u>	
	Address	City	State	Zip Code	
		Gity	Sidle	21p Code	
•	Email Address				
2.	Name		Phone Numbe	r	
	Address	City	State	Zip Code	
	Email Address			-	
3.	Name		Phone Numbe	r	
	Address	City	State	Zip Code	
	Email Address			·····	
Th	o following information w	auat aagamnanu thia annliastion			
111	-	nust accompany this application. etter confirming income tax exemption	on etatue		
		ent financial statements or annual rep			
Di	sclaimer				
Tru inf the	ust Operation RoundUp Ful ormation provided herein u e information provided is tru ntinuing to be true and corr	this statement is for the purpose of obtaind, on behalf of the undersigned. Each sed in deciding to grant funding, and ease and complete and the Operation Rouect until a written notice of a change is an necessary to verify the accuracy of the	n undersigned understand ach undersigned represer undUp may consider this provided. Operation Rou	ds that the nts and warrants that statement as ndUp is authorized	

Date