

Sponsorship & Donation Application

Applicants are requested to submit a complete application form. Please type or print legibly in black ink. Attachments or additional pages may be necessary due to space limitations.

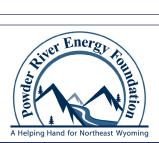
Applications should be submitted a minimum of 60 days prior to funding needs. While Powder River Energy Corporation or its Foundation will review applications as quickly as possible, there are several standards/criteria that need to be considered and evaluated which may take time for processing.

When applying for either Sponsorship or Donations, please note the following guidelines:

- Event Sponsorship requests can be for any amount and are considered directly by PRECorp's Marketing Communications Division.
- Donation requests under \$500 will be reviewed by PRECorp's Community Involvement Committee.
- Donations, grants, or charitable requests of more than \$500 may be considered by the **Powder River Energy Foundation** for funding. (Section B of this form must be completed, with financial information provided.)

Organization Information:				
Name of Organization:	me of Organization: App		olicant Name:	
Mailing Address:	City:	State:	Zip:	
Phone:	Email:			
Request:				
Select the type of request:				
Event sponsorship? (Please complete event information)	tion on the next page.)			
What is the amount of the request? He	ow much money would you l	ike to raise in total?		
What date is this request needed?				
☐ I am currently an Operation RoundUp® participan	t	ation on enrolling in Operati	on RoundUp®	
Has this organization received notice from the Internal R the Internal Revenue Code?	evenue Service of a tax-exer	mpt ruling or determination u	under Section 501 (c)(3) of	
☐ No ☐ Yes (Please supply a copy of su	uch ruling with this application	n form.)		
Describe your organization and its purpose:				

	Event Information
	event?: How many people are estimated to attend?
Is this event held annually?	No
How will this event be promoted or advertise	ed?
Describe how sponsors or donors are recog	nized:
Describe your need for funds; or how this ev	vent will benefit the community (include how the funds would be used):
Completion and Evaluation: I acknowledge that all of the information in the	he application is true to the best of my knowledge. I certify that the request, if granted,
will benefit a charity or a non-profit purpose.	Date:
Authorized Signature:	Date.
	Date.
Title:Please return completed application to	o: PRECorp Marketing Communications, PO Box 930, Sundance WY 82729; o.coop. For more information, go to <u>www.precorp.coop</u> .
Please return completed application to or email to: communications@precorp For Powder River Energy Corporation/Fo	o: PRECorp Marketing Communications, PO Box 930, Sundance WY 82729; o.coop. For more information, go to www.precorp.coop. oundation comments only:
Please return completed application to or email to: communications@precorp For Powder River Energy Corporation/Fo	p: PRECorp Marketing Communications, PO Box 930, Sundance WY 82729; p.coop. For more information, go to www.precorp.coop. pundation comments only: Received Date:
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Please return completed application to or email to: communications@precorp For Powder River Energy Corporation/For Received By: Reviewed By: Marketing Communications Division Request Approved Request Denie	p: PRECorp Marketing Communications, PO Box 930, Sundance WY 82729; p.coop. For more information, go to www.precorp.coop . Dundation comments only: Received Date: Community Involvement Committee Powder River Energy Foundation



Section B Foundation Application

1.	Please tell us how you heard about the PRECorp Foundation:				
2.	Please provide a copy of the previous year's financial statement(s). Statement attached: Yes No				
3.	Has this organization previously received funds from the Foundation? Yes \square No \square				
4.	Number of individuals, families, or groups served in Campbell, Crook, Johnson, Sheridan, or Weston counties in the last year:				
5.	Does your agency serve outside Campbell, Crook, Johnson, Sheridan, or Weston counties? Yes 🗌 No 🗌				
	If yes, please provide information on number served and location:				
6.	List other sources of funding that will be combined with the request described above:				

Please list	at least one, or up	to three references or supporte	rs who are familiar with your organization:	
	Name Title/Relationshipto applicant			
FI. Name_		Title/Helationship	рто аррпсапт	
Phone		Address		
City		State	Zip	
#2. Name_		Title/Relationship	oto applicant	
Phone		Address		
Citv		State	Zip	
			·	
#3.	Name	Title/Relationship to	Name applicant	
Phone		Address		
City		State	Zip	
			,	
-	and Evaluation:			
			aining funds from the Powder River Energy adersigned understands that the information	
			signed represents and warrants that the	
			er Energy Corporation Foundation, Inc. may	
	tatement as contin	uing to be true and correct until a w	ritten notice of change is provided. The Powd	
			y inquiries deemed necessary to verify the	
ver Energy (e statements made	e nerein.		
ver Energy (curacy of the	ınature:		Date:	