

CEC CONTRIBUTION REQUEST FORM

The requests made of Cordova Electric Cooperative will be considered on the following criteria:

Organization Name: \_\_\_\_\_

Address of Principal Office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Executive or Chief Staff Director: \_\_\_\_\_

Incorporated as Non-Profit Organization: Yes [ ] No [ ]

If yes, a copy of the Department of Treasury 501c3 form is required (attach).

1. Please describe the need, i.e., personnel/equipment, number of hours, monetary request?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the monetary fund raising goal? \_\_\_\_\_

3. How will this benefit Cordova Electric Cooperative, Inc. consumers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe how the monies are used. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form Prepared by: \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date

Cordova Electric Cooperative, Inc. reserves the right to deny any request without stating its reasons for such denial.

**FOR OFFICE USE ONLY:**  
APPROVED [ ] AMOUNT \$ \_\_\_\_\_ DENIED [ ] DATE: \_\_\_\_\_  
BY: \_\_\_\_\_  
ADDITIONAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_