



**Valley Electric Association  
Charitable Foundation  
800 E. Hwy 372  
Pahrump, NV 89048  
[www.vea.coop](http://www.vea.coop)**

Board Members: Dave Dawson, President  
Doris Smith, Vice-President  
Rick Eckert, Secretary  
Karl Goldstein, Treasurer  
Shiela Rau, Director  
Marion Munekiyo, Director  
Mike and Mary Beth Aragon, Directors  
Marsha Goldstein, Director

**Application for Donation (Organization/Agency)**

The following information must be completed for your application to be considered by the VEA Charitable Foundation (VEACF) board. Please fill out completely and return to the VEA main office by no later than noon, the 3rd Tuesday of the month in order to be included in that month's meeting. Incomplete applications will not be accepted.

**Name of Organization** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Contact Person** \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Work phone# \_\_\_\_\_  
Home phone# \_\_\_\_\_

1. If applicable, please include your **501 (c)(3) letter from the IRS.**
2. A copy of the organizations **most recent year financial statement(s)** must be provided.
3. Number of individuals, families or groups served outside Valley Electric Association's service area in the last year: \_\_\_\_\_
4. Does the agency or organization serve within Valley Electric Association's service area?  
Yes \_\_\_\_\_ No \_\_\_\_\_ **(If yes please provide information on number served and location)**

\_\_\_\_\_

5. **Amount requested: (Maximum 1,500 per year, per organization) \$** \_\_\_\_\_

**6. State the Purpose of the request: include specifics of how funds will be used.**

(Use a separate page if needed) \_\_\_\_\_

---

---

---

**7. List all other sources of funding and the proposed budget for this project or request. (Use a separate page if needed)**

---

---

---

**8. Add a detailed quote or estimate for this project or request. (Use a separate page if needed)**

---

---

---

**9. Please list three references (name, address, home phone number and work phone number):**

1. \_\_\_\_\_

---

2. \_\_\_\_\_

---

3. \_\_\_\_\_

---

The information contained in this statement is for the purpose of obtaining funding from the VEACF on behalf of the undersigned. Each undersigned understands that 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 VEACF may consider this statement as continuing to be true and correct until a written notice of change is provided. The VEACF is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

**Print Name of Applicant** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**Title in Organization or Agency** \_\_\_\_\_

**Date** \_\_\_\_\_

**(Incomplete applications will be denied)**