CVEC & COBANK'S "SHARING SUCCESS" MATCHING GRANT PROGRAM

APPLICATION FORM

(Once completed, please return to Kaci Dennis at CVEC via USPS: 11277 N. Hwy. 99 Seminole, OK 74868, E-Mail: kdennis@mycvec.coop, or in person at Headquarters: I-40 & Hwy 99/US-377) Applications with required documentation must be **received** by 11:59pm on Wednesday, May 8, 2024.

Please contact Kaci Dennis directly with any questions by calling 405-230-1421.

Nonprofit Organization Name		
Address		
City	State	Zip Code
TIN (Taxpayer Identification Number	r)	
Contact Name	Title	
Contact Phone	Email	
Intended Use of Gift (Please provide	a brief description of the organ	ization, program, and intended use
of the contribution. You may attach	documents if necessary):	
Droof of the nonprofit organization's EO	1/c//2) status must be provided with	th this application. Select organizations that are
not designated a 501(c)(3) are also eligible counties or municipalities and their age consistent with the purpose and guideling	ble. These organizations include sol ncies or departments, as long as th nes of the Sharing Success program identification number). Matching f	th this application. Select organizations that are hools and government organizations such as e donation serves a public purpose and is n. If the recipient is not a 501(c)(3), please funds are contingent upon availability of funds
Applicant's Signature		