

**POLICY NO. 100-190**

Charitable Donations, Contributions & Sponsorships



**REQUEST, SUMMARY, & DISPOSITION**

**REQUEST**

Date of Request: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Type of donation: \_\_\_\_\_ Cash amount: \$ \_\_\_\_\_

Mission/purpose of organization: \_\_\_\_\_

\_\_\_\_\_ A 501(c)3 non-profit: \_\_\_\_\_

How support will be used: \_\_\_\_\_

Organization's budget or funding goal: \_\_\_\_\_

Support received from other sources: \_\_\_\_\_

Documentation to verify tax status (if applicable): \_\_\_\_\_

Other information appropriate to evaluate request: \_\_\_\_\_

Is your group associated with any employee or director of CCEC?: \_\_\_\_\_ If yes, give name and their role in your organization: \_\_\_\_\_

*(attach additional sheets or documentation, if necessary)*

Requesting Party's Signature:  \_\_\_\_\_





**DO NOT WRITE BELOW THIS LINE** For CCEC office use only

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**SUMMARY**

**Guidelines:**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The cooperative's participation can be accommodated within available resources  |
| <input type="checkbox"/> | <input type="checkbox"/> | The activity provides benefits within the community served by the cooperative, and/or will provide benefits to the cooperative's members  |
| <input type="checkbox"/> | <input type="checkbox"/> | The activity is not-for-profit, and at least 85% of the donation will be used to provide benefits and services rather than pay administrative or promotional costs  |
| <input type="checkbox"/> | <input type="checkbox"/> | The cooperative's participation will leverage community resources by extending support committed by other public and private entities   |
| <input type="checkbox"/> | <input type="checkbox"/> | The activity will enhance the cooperative's value in the community  |
| <input type="checkbox"/> | <input type="checkbox"/> | Would the donation or contribution go to any of the following? <ul style="list-style-type: none"> <li>• Individual or for-profit organization</li> <li>• Political campaign or party</li> <li>• Religious organization</li> <li>• Group that discriminates on the basis of age, race, sex, or national origin</li> <li>• Organization does not advance a public purpose or a Coos-Curry Electric purpose</li> </ul> |

**Nature of benefits and range of distribution:**

- |                          |                                   |                              |
|--------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> | <i>Medical/Health/Nutritional</i> | (Maximum contribution \$700) |
| <input type="checkbox"/> | <i>Socioeconomic/Education</i>    | (Maximum contribution \$550) |
| <input type="checkbox"/> | <i>Community Affairs</i>          | (Maximum contribution \$275) |
| <input type="checkbox"/> | <i>Non-specific</i>               | (Maximum contribution OPEN)  |

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**DISPOSITION**

**FOR CCEC OFFICE USE ONLY**

**Request:** Received by \_\_\_\_\_ GM/CEO \_\_\_\_\_ Date received: \_\_\_\_\_

**Denied:**  
Reason: \_\_\_\_\_

**Approved:** Donation Description: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**GM/CEO's – Board President/Director's Signature** \_\_\_\_\_