

Date:	
Organization Name:	
Address:	
City, State & Zip	
Telephone Number:	Fax Number:
Contact Person:	Title:
E-mail Address	
Tax ID Number (TIN):	Select your non-profit designation below:
	\Box 501(c)(3) \Box 170(c)(1) \Box Other:
If the TIN is not in your organization's nam	ne, in what name is it listed?
Please attach a copy of your non-profit affin a copy from the IRS by calling 1-877-829-5	rmation letter from the IRS. <i>(If you do not have a copy on file, you may request</i> 5500.)
Purpose	
1. What is the main purpose of your agence	cy/group?
2. When was your agency/group established	ed? Where?
3. Are there other agencies/groups providi	ing the same service locally? If yes, who are they?
4. What are you doing to work with the w	hole problem of your concern?

Management

1. How are you governed?

2. Who are your current officers and executive staff? (Attach a list if necessary.)

Name/Position	Address	Telephone	Occupation
			-

- 3. How are your board members and officers selected? How long are the terms?
- 4. Do you have a national and/or regional headquarters? Where?
- 5. Are you paying national and/or regional dues? If yes, what is the amount per year?

Financial

- 1. What is the amount of your annual budget?
- 2. What percentage of your income is applied to programs and activities?
- 3. What is the breakdown of one contributed dollar?
- 4. Do you have a specific need or program for our contribution? If yes, what is it?

5. Are you funded by any community groups (i.e., United Way, church affiliations, government grants and/or taxes, medical funding)?

6. What is your method of fundraising?

a. How often?

b. What has been contributed through fundraisers in the last five years? List each year's amount.

c. Were you pleased with the fundraising results?

d. What are your yearly total fundraising costs? Administrative costs?

7. Are you currently paying someone to solicit funds for you?

8. Have you had someone solicit funds for you in the past five years? If yes, what do you pay solicitors on a per campaign and/or a per year basis?

Yes

□ No

- 9. Please provide us with an annual report and an annual financial statement for the past two years.
- 10. If your organization has been audited in the last 2 years or is required to obtain an audit per the Single Audit Act of 1996, please provide a copy of the audited report/statement.

General

1. Are your current publications, advertising and/or informational materials accurate, truthful, and not misleading? If not, please explain

2. What are today's tax consequences for contributors to your agency/group?

Your Comments

Completed By:	
Organization Capacity:	
Date:	
	Please mail completed request to:
	Idaho Power Company Attn: Employee Community Fund
	P.O. Box 70 Boise, Idaho 83707