

Employees' Community Service Fund  
**Application for Continued Funding**



Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Has your tax-exempt status changed?  Yes  No

*If your tax-exempt status has changed, please explain and attached revised tax-exempt status acceptance letter from the IRS. If your tax-exempt status changes for any reason, IDACORP Employee Community Funds must be immediately notified in writing. Failure to comply may result in the cancelation of any current and/or future contributions.*

State reasons for tax-exempt status change:

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

**Purpose**

1. What is the main purpose of your agency/group?

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

2. When was your agency/group established? Where?

\_\_\_\_\_

3. Are there other agencies/groups providing the same service locally? If yes, who are they?

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

**Management**

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

Name/Position	Address	Telephone	Occupation

2. Do you have a national and/or regional headquarters? Where?

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3. Are you paying national and/or regional dues? If yes, what is the amount per year?

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**Financial**

1. What is the amount of your annual budget and primary sources of support?

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2. What percentage of your income is applied directly to programs and activities?

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3. Do you have a specific need or program for our contribution? If yes, what is it?

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

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5. What is your method of fundraising? How often?

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6. Are you currently paying someone to solicit funds for you?  Yes  No
7. Please provide us with an annual report and an annual financial statement for the past two years.
8. 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.

**Your Comments**

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Completed By: \_\_\_\_\_

Organization Capacity: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please submit this form or mail completed request to:**

**Idaho Power Company  
Attn: Employee Community Fund  
P.O. Box 70  
Boise, Idaho 83707**

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