



**NOLIN OPERATION ROUND-UP, INC.**  
411 Ring Road  
Elizabethtown, Kentucky 42701  
(270) 765-6153

**APPLICATION FOR DONATION  
FOR ORGANIZATION/AGENCY**

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street or Post Office Box

City or Town

State

Zip Code

3. Phone Number: \_\_\_\_\_  
Home Work

4. Contact Person: \_\_\_\_\_  
Name Title

5. Is organization requesting funding exempt from payment of income tax:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, copy of letter (Form 501[c]3) from the Internal Revenue Service must be attached

6. A copy of financial statement(s) for most previous year should be provided:

a. Statement attached: \_\_\_\_\_

7. Number of individuals, families, or groups served in Hardin or LaRue Counties in the last year: \_\_\_\_\_

8. Does agency serve outside Hardin or LaRue Counties:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide information on number served and location:

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9. State Purpose of Organization/Agency request: (Include amount requested and specifics of how funds will be used)

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10. List other sources of funding for use of request as described in the above:

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11. How are agencies programs measured for effectiveness:

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12. Please list three references:

Name	Phone		
Address	City	State	Zip Code
Name	Phone		
Address	City	State	Zip Code
Name	Phone		
Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from Nolin Operation Round-Up 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 Nolin Operation Round-Up may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Nolin Operation Round-Up is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
**NAME OF ORGANIZATION**

\_\_\_\_\_  
**SIGNATURE OF REPRESENTATIVE**

\_\_\_\_\_  
**DATE**