

Applicant/Organization:

9549 Hwy 5 P.O. Box 6 Columbus, ND 58727 701.939.6671 www.bdec.coop

2025 SHARING SUCCESS MATCHING GRANT APPLICATION

Applicant Tax ID Number:		
Mailing Address:		
City:		
Contact Name:		
Contact Phone:	Contact Email:	
Project Name:		
Funding Request:	Total Project Cos	ts:
How will the grant funds be used?		
Funding Sources: List other funding so	ources and amounts solicited or rec	eived for project:
Please complete the application complete application complete applicable, and financial statements for	ely and attach copies of the organizat	ion's 501(c)(3) non-profit status, if
Retain a copy of this application for yor receive an additional electronic applic		
The information contained in this statement is f Success" matching grant program, and Basin Ele organization. Each undersigned understands tha undersigned represents and warrants that the in this statement as continuing to be true and correc make all inquiries deemed necessary to verify the	ectric Power Cooperative Matching Donation at the information provided herein is used in d aformation provided is true and complete ar act until a written notice of a change is provide	program on behalf of the above-named eciding to grant funding, and each and that Burke-Divide Electric may consider
Signature		Date

Return completed applications to:

Burke-Divide Electric Cooperative, Attn: Heidi Haugen-Grohs—Member Services Manager P.O. Box 6, Columbus, ND 58727 or heidi@bdec.coop

Application deadline is July 1, 2025