

The purpose of this document is to specify the funding priorities as dictated by the sitting San Isabel Electric Board of Directors and to effectively communicate those priorities to the public. This document is to be *reviewed annually* to ensure the current Board of Directors is appropriately represented. This document also clarifies items found on the Donation Request Form and therefore must be signed, dated and returned to SIEA along with the completed Donation Request Form. This is in accordance and agreement with Board Policy 4-10.

### Basic Guidelines:

- The San Isabel Electric Association, Inc. Board of Directors will only consider granting donations to entities which ultimately will support causes within the Member-districts. Organizations located outside of Member-districts may apply but must identify how they serve SIEA districts and Members.
- SIEA funding priorities include: increased human and animal welfare, youth causes, self-sufficiency-enhancing programs, community cultural and awareness events and environmentally-friendly programs/projects. Requests on the behalf of individual persons will not be considered for funding.
- Requests from fundraising entities that collect funds to be redistributed to other organizations will not be considered if any percentage of funding is taken to support the requesting-entity's overhead or general operating costs. 100% of funds must go directly to the program/project.
- Scholarship programs will not be funded to preserve all monies for the SIEA Scholarships available to students within the membership.
- Donations for general operating dollars will not be given to religious groups, educational entities or clubs/associations: SIEA will fund only specific projects and events intended to fund projects/programs.
- If funded, a Donation Report Form will be provided, entities that have not submitted a Donation Report Form after being funded will not be considered for funding at a minimum, for the following year.
- Donation Request Forms must be returned to the Communications Department by the second Thursday of the month by 2:00 p.m. and will be reviewed at the next consecutive Board Meeting. Please note this time frame, if an event occurs before donation approval, the Board will still consider funding post-event.
- You will be notified of the outcome either the afternoon of the Board Meeting or the Monday of the following week.

### Donation Request Form Guide:

- Complete the form in its entirety. Do not write "see attached" to answer a question.
- Indicate all SIEA districts served, a district map can be found at [www.siea.com](http://www.siea.com).

- “Social Media” refers to your most-used account: Facebook, Twitter, Instagram etc. It is included with contact information as this is another way to connect and considered as general information for your entire organization.
- Identify a specific request amount or range. Do not write, “any amount will help” a specific amount is required and if not identified will disqualify the application.
- A maximum of TWO additional pages can be attached as supplemental information to your request form. This is not mandatory. A solicitation letter, program flyer, sponsorship level form etc. are some examples.
- When describing the demographic, who will be served by your request, be as specific as possible, including number-served, target ages etc. The more specific, the better.

The Donation Request Form can be returned via the method of your choice as also outlined on the Donation Request Form. All inquiries can be made in the same fashion, though email is preferred for correspondence ease and accuracy.

Email/Phone Contacts

Chelsie West, Communications Manager  
 (719) 647-6268  
[chelsie.west@siea.com](mailto:chelsie.west@siea.com)

Mail or Walk-In:

San Isabel Electric Association, Inc.  
 Attn: Communications Department  
 781 E. Industrial Blvd.  
 Pueblo West, CO 81007

Fax:

(719) 547-2229  
 Attn: Communications Department

Website:

[www.siea.com](http://www.siea.com)

SAN ISABEL ELECTRIC ASSOCIATION – STATEMENT AFFIRMING UNDERSTANDING AND AGREEMENT TO FOLLOW DONATION GUIDELINES

Please keep a copy of these guidelines for your records and return the original completed and signed with your Donation Request Form.

On behalf of \_\_\_\_\_ (Organization Name) I,

\_\_\_\_\_, (Contact- Print Name) have read and understand the San

Isabel Electric Association, Inc. Community Donation Request Guidelines. I am submitting the

request form this \_\_\_\_\_ (Day) of \_\_\_\_\_ (Month), \_\_\_\_\_ (Year).

\_\_\_\_\_ (Contact Signature)



## COMMUNITY DONATION REQUEST FORM

*Please read San Isabel Electric's Community Donation Request Guidelines before completing this form. Returning an initialed copy of the Guidelines is required to apply for a contribution. Not following instructions may result in disqualification.*

TODAY'S DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

DONATION DEADLINE: \_\_\_\_\_ AND/OR EVENT DATE: \_\_\_\_\_

**ORGANIZATION TYPE: (PLEASE SELECT ONE)**

<input type="checkbox"/> SCHOOL/UNIVERSITY/COLLEGE	<input type="checkbox"/> NON-PROFIT WITH 501(C)3 STATUS
<input type="checkbox"/> HOSPITAL/CARE CENTER/HEALTH RELATED	<input type="checkbox"/> RELIGIOUS GROUP
<input type="checkbox"/> GRASS ROOTS GROUP/EFFORT	<input type="checkbox"/> CULTURAL/RECREATIONAL
<input type="checkbox"/> STAND-ALONE EVENT/FUNDRAISER	<input type="checkbox"/> OTHER: _____
TIN/EIN #: _____ (IF APPLICABLE)	

ORGANIZATION ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ SOCIAL MEDIA : \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_ PLEASE CIRCLE PREFERRED METHOD OF CONTACT

DESCRIBE YOUR ORGANIZATION :

IF SOLICITING FUNDING FOR A SPECIFIC PROJECT OR EVENT, BRIEFLY DESCRIBE (How event will raise funds for organization/project; expected attendance number etc.) ALSO DESCRIBE ADVERTISING/SPONSOR ADVANTAGES IF FUNDED AT INDICATED REQUEST AMOUNT:

REQUEST AMOUNT IN \$: \_\_\_\_\_ IF REQUESTING PROMOTIONAL ITEMS # NEEDED: \_\_\_\_\_ TOTAL FUNDING GOAL AMOUNT IN \$: \_\_\_\_\_

DESCRIBE HOW THIS CAUSE WILL HELP THE COMMUNITY AND WHO WILL BENEFIT (i.e. children; animals, awareness for disease; community enhancement etc.)

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**PLEASE COMPLETE ALL ABOVE QUESTIONS AND RETURN TO SAN ISABEL ELECTRIC ASSOCIATION BY METHOD OF YOUR**

Walk-In or Mail Form:  
San Isabel Electric Association  
Attn: Communication Department  
781 E. Industrial Blvd.  
Pueblo West, CO 81007

E-Mail Form to either:  
chelsie.west@siea.com

Fax Form to Attn: Communications Dept.  
(719) 547-2229

Questions?  
Chelsie West - (719) 647-6268

**COMMUNITY DONATION**  
**REPORT FORM**

*This form must be returned to San Isabel Electric Association, for all projects that received a donation. Please note:*



*NO FURTHER REQUESTS WILL BE CONSIDERED UNTIL THE REPORT HAS BEEN COMPLETED AND RETURNED. Please complete and return within 30 days after the event date or project completion.*

TODAY'S DATE :\_\_/\_\_/\_\_

ORGANIZATION NAME:\_\_\_\_\_

EVENT DATE:\_\_\_\_\_OR PROJECT COMPLETION:\_\_\_\_\_ CONTACT PERSON:\_\_\_\_\_

CONTACT PHONE:\_\_\_\_\_ CONTACT EMAIL:\_\_\_\_\_

PLEASE CIRCLE PREFERRED METHOD OF CONTACT

DESCRIBE YOUR EVENT OR PROJECT. HOW WERE THE SAN ISABEL ELECTRIC FUNDS USED AND/OR WHAT DIFFERENCE DID OUR CONTRIBUTION MAKE IN YOUR COMMUNITY? ANY UNANTICIPATED RESULTS, EITHER POSITIVE OR NEGATIVE?:

DID ANY OTHER ORGANIZATIONS OR INDIVIDUALS PROVIDE A DONATION? IF SO, WHAT PERCENTAGE OF THE OVERALL EVENT OR PROJECT DID SAN ISABEL ELECTRIC PROVIDE?

# OF PEOPLE WHO ATTENDED THE EVENT/ BENEFITED FROM THE PROJECT:\_\_\_\_\_ TOTAL \$ RAISED:\_\_\_\_\_ DID YOU MEET YOUR FUNDRAISING GOAL? YES/NO

HOW WAS SAN ISABEL ELECTRIC RECOGNIZED OR PROMOTED DURING THIS EVENT OR PROJECT? (PLEASE INCLUDE SOCIAL MEDIA TAG):

WAS THIS THE 1<sup>ST</sup> TIME SAN ISABEL ELECTRIC SPONSORED YOUR EVENT/ PROGRAM/ PROJECT? DO YOU FORESEE REQUESTING A DONATION FROM US AGAIN?

**PLEASE COMPLETE ALL ABOVE QUESTIONS AND RETURN TO SAN ISABEL ELECTRIC ASSOCIATION WITHIN 30 DAYS AFTER PROJECT**