

Trico COVID-19 Assistance Program

Non-Profit Organization Grant Application

I. CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Federal Tax ID _____

Brief description of need/Intended use: _____

AMOUNT REQUESTED: _____

DO YOU PROVIDE SERVICES TO TRICO ELECTRIC COOPERATIVE (TRICO) MEMBERS OR WITHIN THE
TRICO SERVICE AREA? YES NO

ESTIMATED NUMBER OF PROGRAM PARTICIPANTS IN TRICO SERVICE TERRITORY: _____

II. REQUIRED SIGNATURE

I certify that the information contained in this application is true and accurate, and that the organization requesting aid is a 501(c)(3) non-profit organization or a non-profit government or community service organization.

Name (please print): _____

Signature

Date

Trico Giving Application

Have you applied for assistance from other organizations in the last three months? If yes, please identify all amounts granted in excess of \$2,500 (no more than 5 need to be listed).

What services do you provide within the Trico Electric service area or to Trico Electric Members?

What services are you providing in response to the impacts of the COVID-19 Emergency?