

OGE ENERGY CORP. FOUNDATION, INC.



GRANT APPLICATION

THE OGE ENERGY CORP. FOUNDATION, INC. PROVIDES GRANTS TO 501(c)(3) CHARITIES TO SUPPORT PROGRAMS, ORGANIZATIONS AND INSTITUTIONS THAT ENHANCE QUALITY OF LIFE AND ECONOMIC WELL BEING IN THE COMMUNITIES WHERE OGE OPERATES.

* INDICATES REQUIRED FIELD

ANY DOCUMENTS YOU WISH TO BE CONSIDERED MUST BE SUBMITTED ELECTRONCALLY

* REQUESTING ORGANIZATION _____ *DATE _____

* PHYSICAL STREET ADDRESS _____

ADDRESS LINE 2 _____

*CITY _____ *STATE _____ *COUNTY _____ *ZIP / POSTAL CODE _____

MAILING ADDRESS (IF DIFFERENT) _____

LINE 2 _____

CITY _____ STATE _____ COUNTY _____ ZIP / POSTAL CODE _____

*TAX ID NUMBER _____ *WEBSITE _____

*ORGANIZATION MISSION STATEMENT

*ORGANIZATION BIO (BRIEF)

*CONTACT PERSON _____ *PHONE _____ *EMAIL _____

*SELECT ALL THAT APPLY: GEOGRAPHICALLY LOCATED IN OGE SERVICE TERRITORY

U.S. BASED IRS 501(c)(3) QUALIFIED CHARITABLE ORGANIZATION FUTHERING RELIGIOUS DOCTRINE

U.S. BASED IRS 501(c)(3) QUALIFIED EDUCATIONAL ORGANIZATION POLITICAL PARTY/CANDIDATES

501(c)(3) FISCAL SPONSORSHIP DINNER/LUNCHEON

ACCREDITED K-12 EDUCATIONAL INSTITUTION ALLIED ARTS AGENCY

PARTICIPATED IN OGE TEACHER GRANT PROGRAM UNITED WAY AGENCY (If checked, amount of last contribution) \$

ATHLETIC EVENT (OTHER THAN SPECIAL OLYMPICS) CAPITAL CAMPAIGN

*PROJECT/EVENT NAME _____ *PROJECT/EVENT DATE (IF APPLICABLE) _____

*AMOUNT OF GRANT REQUEST _____ *TOTAL AMOUNT OF FUND-RAISING GOAL _____

*SELECT PROJECT/EVENT CATEGORY:

*PROJECT/EVENT DESCRIPTION

*PROJECT/EVENT PURPOSE

*SPECIFIC USE OF OGE FUNDS (E.G., TRAINING, BOOKS)

*DESCRIBE NEED BEING ADDRESSED

*TARGET POPULATION (E.G., AT RISK YOUTH, STUDENTS, HOMELESS)

*NUMBER OF PEOPLE WHO WILL BE SERVED/BENEFIT _____ *CURRENT BUDGET _____

*WHERE WILL THE PROJECT/EVENT TAKE PLACE (IF APPLICABLE)?

*IMMEDIATE ACHIEVEMENT GOALS OF THE PROGRAM

*LONG-TERM ACHIEVEMENT GOAL OF THE PROGRAM

*IF THE PROGRAM IS ALREADY UNDERWAY, EXPLAIN ACCOMPLISHMENTS TO DATE?

*HOW WILL YOU MEASURE THE EFFECTIVENESS OF THE PROGRAM (METRICS USED)?

*DATE OGE WILL RECEIVE REQUIRED FINAL REPORT (IMPACT OF PROGRAM)? _____

*SPECIFICALLY, HOW WILL OGE GIFT BE RECOGNIZED (E.G., NAME LISTING, TABLE)?

*IS THERE AN OGE MEMBER ON YOUR BOARD? _____ *IF SO, PLEASE PROVIDE NAME _____

*LIST OGE EMPLOYEES AND/OR CORPORATE RELATIONSHIPS KNOWN TO BE INVOLVED WITH PROJECT/EVENT

*LIST OF FOUNDATION AND CORPORATE SUPPORTERS, AS WELL AS OTHER SOURCES OF INCOME (AMOUNTS FOR THE **PREVIOUS** FISCAL YEAR)

*LIST OF FOUNDATION AND CORPORATE SUPPORTERS, AS WELL AS OTHER SOURCES OF INCOME (AMOUNTS FOR THE **CURRENT** FISCAL YEAR TO DATE)

*LIST HISTORY OF OGE CONTRIBUTIONS TO THE ORGANIZATION (BY YEAR)

IN ADDITION TO THIS APPLICATION, THE FOLLOWING DOCUMENTS MUST BE SUBMITTED FOR SPONSORSHIP CONSIDERATION: IRS FORM 990, ANNUAL BUDGET, AND IRS 501(c)(3) LETTER.