

Kit Carson Electric Education Foundation

118 Cruz Alta Road  
P.O. Box 578  
Taos, New Mexico 87571

*Application for Community Project by Group/Organization*

*Submit Request By April 12, 2024 for Funding after July 1, 2024*

**Criteria:** Only (1) application can be submitted annually by group/organization  
Annual Cap per project is \$ \_\_\_\_\_  
Funding for Volunteer, Administrative Costs or Studies not permitted  
Value of Project – Amount Requesting \$ \_\_\_\_\_

**Organization Information**

1. Individual, organization, or group submitting request:

Name: \_\_\_\_\_

Mailing Address: N/A \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Persons: \_\_\_\_\_

Title: \_\_\_\_\_

Project timeline? \_\_\_\_\_

Begin Date: \_\_\_\_\_ End date: \_\_\_\_\_

2. Is your group legally incorporated?

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

If “yes,” attach relevant correspondence.

3. Is your group registered as a nonprofit organization with the State of New Mexico

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

4. Does your program plan to become recognized as non-profit by the IRS by obtaining its own 501(c) (3)?

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

If you answered “no” above, why? \_\_\_\_\_

If you answered “yes” above, what has been done to date in preparation for securing 501 (c) (3) status? Please attach relevant correspondence

5. Other – Describe entity/group/organization

### **Project Description**

1. What specific, measurable outcomes does your group hope to bring about and when?
2. Who is participating in this project? (Please attach list.)  
What other groups or organizations have been involved in planning this effort?
3. The Kit Carson Electric Education Foundation’s service area is Taos, parts of Rio Arriba and Colfax counties. What geographic community or communities do you expect to benefit?
4. The Kit Carson Electric Education Foundation strives to work with all sectors of the community. What specific groups of citizens do you expect to benefit?

How many people would benefit?

### **Kit Carson Electric Education Foundation Services Requested**

Amount requested and other sources of funding

1. Amount you anticipate being contributed to this Project? \$ \_\_\_\_\_
2. If you have a written plan of activity for your program, please attach it to this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_