

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 July 17, 2025 for Funding after July 1, 2025

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: _____