

Jerred D. Ruble Family Charitable Foundation

Request for Equipment Loan

Today's Date: _____

Organization Information:

Organization Name: _____

Address: _____

City, State, Zip: _____

Web Site if available: _____

Is your organization tax exempt and non-profit? Yes ___ No ___

If yes, the Federal Tax ID Number of your organization: _____

Approximate number of people served by organization: _____

Contact Person:

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Equipment Request:

Applications for equipment loans may be submitted anytime throughout the year. The Foundation will notify the applicants within 30 days of the request the status of their request. (See [Equipment List](#) for available equipment.) The requesting organization is responsible for any transportation involved in moving the equipment as well as ensuring proper insurance coverage is in effect from the time the equipment leaves to the time it returns per the estimated value listed on the Equipment List.

Equipment Requested: _____

Beginning Date of Loan Request: _____

Ending Date of Loan Request: _____

Explain how the equipment will be stored, maintained, secured and cared for. Provide the qualifications and credentials of those individuals who will be operating and maintaining the equipment. Also identify the liability insurance and property coverage that the organization has for the equipment owners and operators:

Provide a brief history of your organization and whether it is of a perpetual or short lived nature. Include the dates and length that the organization has been in operation:

If this request is for a specific event, provide details regarding the event including the dates of the event and when the equipment will be on public display. Feel free to attached specific details in the form of marketing collateral that will be used to advertise the event so that will help the Foundation better understand the importance of having the equipment displayed at your organization's event:

Have you previously received support from The Foundation? No ___ Yes ___

If yes, list the year, the equipment, and the event name:

If your organization is a tax exempt, not for profit entity, the following must be made available to the Foundation upon request:

1. Copy of the Articles of Incorporation, Trust Agreement or other governing instrument of the Applicant, or a satisfactory explanation regarding why such copy is not available or cannot be furnished.
2. Copy of the Bylaws of the Applicant or a satisfactory explanation regarding why such copy is not available or cannot be furnished.
3. List of the Board members and officers of the Applicant, including addresses.
4. Most recent annual financial statements of the Applicant, including a statement of assets and liabilities as well as a statement of revenue and expenditures.
5. Most recent interim financial statements of the Applicant.
6. A copy of IRS 501(c)(3) determination letter or other proof the Applicant is tax exempt.

Submit completed application to either:

**Jerred D Ruble Family Charitable Foundation
PO Box 463
Mandan, ND 58554**

Or

**Email to:
jdrfcf@gmail.com**