

Southeastern Indiana REMC Community Fund



ORGANIZATIONAL GRANT APPLICATION

TYPE OR PRINT ALL INFORMATION

(This application must be completed in its entirety to be considered for a grant.)

Name of Organization: _____

Grant amount requested: _____ Date Established: _____

Street Address: _____

City, State, Zip: _____

Daytime Telephone: _____

Contact Person: _____

General objectives of the organization: _____

Briefly describe the project or program for which funding is being requested

(Attach additional page if necessary): _____

Other funding sources applied for this project:

Source:

Amount:

_____	_____
_____	_____
_____	_____

Can this project be completed if the amount requested is not fully funded? Please explain:

Sources of firm pledges and commitments to-date:

Source:

Amount:

_____	_____
_____	_____
_____	_____

Is this a new organization?

___ Yes ___ No

Is this a new program within an established organization?

___ Yes ___ No

Is this grant to supplement an established program?

___ Yes ___ No

Does your organization have tax-exempt status under the section 501(c)
of the IRS Code?

___ Yes ___ No

Financial Record of the Organization (attach additional pages if necessary):

Source of funds in previous years: _____

Expenditures - current year (itemize briefly):

Amount

_____	_____
_____	_____
_____	_____
_____	_____

Other sources of funds for current year: Amount

Other assets available for current year (endowment, reserve or other funds): Amount

Number of full-time paid employees: _____

Will this grant involve additional employees? Yes No How Many? _____

Is this organization a United Way Agency Yes No

Is this organization affiliated with any religious organizations? Yes No

If yes, what organization? _____

Have you applied for or do you contemplate applying for State or Federal Funds? Yes No

If yes, please explain fully, including amounts which may be available from those sources:

Previous grants received from the Southeastern Indiana REMC Community Fund, Inc.

Date: _____ Purpose _____ Amount: _____

Date: _____ Purpose _____ Amount: _____

Date the funds from this grant, if awarded, would be needed:

Date: _____ Amount: _____

Date: _____ Amount: _____

If this will be a continuing project, explain in detail the source of funds for operation in subsequent years: _____

List all your board of directors and/or trustees and officers along with their telephone numbers:

NAME	PHONE NO.	OPERATION ROUND UP PARTICIPANT		SEIREMC MEMBER	
		YES	NO	YES	NO
_____	_____	YES	NO	YES	NO
_____	_____	YES	NO	YES	NO
_____	_____	YES	NO	YES	NO
_____	_____	YES	NO	YES	NO
_____	_____	YES	NO	YES	NO

Please list two (2) references (may not be a Southeastern Indiana REMC director or employee or a trustee of Southeastern Indiana REMC Community Fund, Inc.)

1. _____

Name

Phone

Address

City

State

Zip

2. _____

Name

Phone

Address

City

State

Zip

List any other pertinent information, which would aid in the evaluation of your grant request:

For this application to be given consideration by the Southeastern Indiana REMC Community Fund, Inc. it must be signed by the organization's President and by the individual to whom future questions and correspondence may be addressed:

President / Chairperson

Contact Person

Printed Name

Printed Name

Date Signed

Date Signed

The following information MUST accompany this application

- * A one-page budget for the amount requested, with justifications
- * A copy of the IRS letter confirming 501 (c) status (if applicable)
- * A copy of the most recent audited financial statements or annual report
- * Current organizational budget (if not available please explain)

***All approved grants will require recipient to complete a Grant Evaluation Form within (60) days of disbursement or once funds are expended.**

Mail or deliver **1 copy** of this application and support materials to:

Southeastern Indiana REMC Community Fund, Inc.
c/o Southeastern Indiana REMC
P.O. Box 196
Osgood, IN 47037

(812).689.4111