

FULTON COUNTY REMC OPERATION ROUNDUP® TRUST

1448 W State Rd 14

PO Box 230

Rochester, Indiana 46975-0230

(574) 223-3156 – (574) 223-4353 Fax

www.fultoncountyremc.coop

**APPLICATION FOR DONATION
ORGANIZATION/AGENCY**

Name of Organization/Agency _____

Street Address _____ **PO Box** _____

City or Town _____ **State** _____ **Zip Code** _____

Phone Number _____

Contact Person _____

Is the organization requesting funding exempt from payment of income tax?

Yes ____ **No** ____

If yes, a copy of Form 501[c]3 from the Internal Revenue Service must be attached.

A copy of your financial income and balance statements for the most previous year should be provided. Please know we are interested in the general publicly disclosed statements, not your detailed information.

A copy of the most recent income statement is attached. Yes ____

A copy of the most recent balance statement is attached. Yes ____

NATURE OF REQUEST

Briefly describe the project for which you are requesting a grant:

Amount you are requesting: \$ _____

Amount needed for project: \$ _____

Deadline when grant needed: _____

What is the expected completion date: _____

FULTON COUNTY REMC OPERATION ROUNDUP® TRUST

Is your organization contributing to the project in terms of cash and/or in-kind/non-cash? If so, please provide details of the contribution:

From what other companies/sources of revenue are you requesting a contribution and for how much?

Who will benefit from this project?

Number of individuals, families or groups served by your organization/agency in the past year:

If we support your project, how will you measure its effectiveness and follow-up with us with your results?

Are there specific results/outcomes that are expected?

MORE ABOUT YOUR ORGANIZATION

Do you have a Board of Directors? Yes _____ No _____

What are your annual operating expenses? Year _____ \$ _____

**What are your annual fund raising expenses? Year _____
(As a dollar and/or percent of total operating expense) \$ _____**

Briefly describe your organizations financial accountability. Are you audited independently on an annual basis?

Please list ways we might be recognized for awarding a grant to your organization:

FULTON COUNTY REMC OPERATION ROUNDUP®TRUST

CONTINGENCY PLAN

If we are unable to award a grant for some or your entire requested amount, what is your back-up plan?

The information contained in this statement is for the purpose of obtaining funding from the Fulton County REMC Operation Round Up ®Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Fulton County REMC Operation Round Up® Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Fulton County REMC Operation Round Up® Trust is authorized to make all inquires they deem necessary to verify the accuracy of the statements made herein.

I understand in applying for funding that if granted, it will be used for the sole purpose as stated in this application. I will also submit a letter within one year that the funding has been used for the purpose requested.

Further, I understand that if funding is received, I grant permission for its publication in the Fulton County REMC’s monthly publication as well as any other publication the Fulton County REMC deems appropriate.

Name of Organization

Signature of Representative

Signature of Representative

Date

For Trust Use Only

Approved _____ Date _____ Amount _____

Declined _____ Date _____

Verification of Charitable Use of Funds

We verify, that as duly appointed representatives of an organization that is not a 501(c)(3) corporation, we will use any and all funds received for charitable purposes.

If at any time it is determined that the funds distributed to our organization were not used in a charitable manner, we agree to repay those funds for redistribution to an organization that will use them in a not-for-profit manner.

Funds will be used for activities as outlined in the attached application.

Name of Organization

Printed name of duly appointed representative and title held within the organization

Signature

Date

Printed name of duly appointed representative and title held within the organization

Signature

Date