



Operation Round Up Grant Application

Name of Organization: _____

Grant Amount Requested: _____ Date Established: _____

Street Address: _____
Street Address *City* *State* *Zip Code*

Daytime Telephone: _____ Contact Person: _____

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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):

EXPENDITURES

AMOUNT

Other sources of funds for current year:

SOURCES

AMOUNT

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

ASSETS

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.

<u>DATE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____

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

<u>DATE</u>	<u>AMOUNT</u>
_____	_____
_____	_____

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

Contact Information

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

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>OPERATION ROUND UP PARTICIPANT?</u>	<u>SEIREMC MEMBER?</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

Name: _____ Phone: _____

Street Address: _____
Street Address *City* *State* *Zip Code*

Name: _____ Phone: _____

Street Address: _____
Street Address *City* *State* *Zip Code*

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

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.

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

Printed Name: _____ *Signature:* _____ *Date:* _____

CONTACT PERSON

Printed Name: _____ *Signature:* _____ *Date:* _____

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SUBMIT YOUR APPLICATION ONLINE

www.seiremc.com/operationroundup

MAIL YOUR APPLICATION

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