

# 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