

**DMREMC**

**Charitable Trust, Inc.**

**ORGANIZATIONAL**

**GRANT APPLICATION**

**Application Due Date**

Applications are due no later than the last business day of the month prior to the board meeting. Board meetings are held quarterly on the second Wednesday of March, June, September and December.

**Information That MUST Accompany Application**

1. A one-page budget for the amount requested, with justification
2. A copy of the IRS letter confirming 501 (c)(3) status (if applicable)
3. A copy of the most recent audited financial statements or annual report
4. Current organizational budget (if not available please explain)

**Questions or Inquiries**

Call the Daviess-Martin REMC office (812-295-4200 or 800-762-7362) and ask for the Operation Round-Up Director.

**Mail or deliver 9 copies of this application and support materials to:**

**DMREMC Charitable Trust, Inc.**

**c/o Daviess-Martin County REMC**

**P.O. Box 4301**

**12628 E 75 N**

**Loogootee, IN 47553**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Established:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. General objectives of the organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Attach additional page if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Other funding sources applied for this project:

Source: Amount:

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1. Sources of firm pledges and commitments to-date:

Source: Amount:

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1. Is this a new organization? \_\_\_ Yes \_\_\_ No
2. Is this a new program within an established organization? \_\_\_ Yes \_\_\_ No
3. Is this grant to supplement an established program? \_\_\_ Yes \_\_\_ No
4. Does your organization have tax-exempt status under section

501(c)(3) of the IRS Code? \_\_\_ Yes \_\_\_No

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

Source of funds in previous years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Expenditures - current year (itemize briefly): Amount

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1. Other sources of funds for current year: Amount

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

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1. Number of full-time paid employees: \_\_\_\_\_\_\_\_\_\_
2. Will this grant involve additional employees? Yes No How Many? \_\_\_\_\_\_\_\_
3. Is this organization a United Way Agency? Yes No
4. Is this organization affiliated with any religious organizations? Yes No

If yes, what organization?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you applied for or do you contemplate applying for State

or Federal Funds? Yes No

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

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1. Previous grants received from the Daviess-Martin REMC Community Fund, Inc.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name Phone Name Phone

1. Please list two (2) references (may not be a Daviess-Martin REMC director or employee or a director of Daviess-Martin REMC Community Fund, Inc.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Address City State Zip

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Address City State Zip

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

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For this application to be given consideration by the DMREMC Charitable Trust, 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

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Printed Name Printed Name

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Date Signed Date Signed