



**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: _____

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

(Attach additional page if necessary): _____

3. Other funding sources applied for this project:

<u>Source:</u>	<u>Amount:</u>
_____	_____
_____	_____
_____	_____

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

<u>Source:</u>	<u>Amount:</u>
_____	_____
_____	_____
_____	_____

5. Is this a new organization? Yes No

6. Is this a new program within an established organization? Yes No

7. Is this grant to supplement an established program? Yes No

8. Does your organization have tax-exempt status under section 501(c)(3) of the IRS Code? Yes No

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

Source of funds in previous years: _____

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

11. Other sources of funds for current year: Amount

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

13. Number of full-time paid employees: _____

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

15. Is this organization a United Way Agency? Yes No

16. Is this organization affiliated with any religious organizations? Yes No

 If yes, what organization? _____

17. Have you applied for or do you contemplate applying for State
or Federal Funds?

Yes No

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

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

Date: _____ Amount: _____

Date: _____ Amount: _____

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

Date: _____ Amount: _____

Date: _____ Amount: _____

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

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

_____	_____	_____	_____
Name	Phone	Name	Phone

_____	_____	_____	_____
Name	Phone	Name	Phone

_____	_____	_____	_____
Name	Phone	Name	Phone

_____	_____	_____	_____
Name	Phone	Name	Phone

23. 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.

1) _____
Name Phone

Address City State Zip

2) _____
Name Phone

Address City State Zip

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

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

Printed Name

Printed Name

Date Signed

Date Signed