



**Daviess-Martin REMC
Community Fund, 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:

**Daviess-Martin REMC Community Fund, Inc.
c/o Daviess-Martin County REMC
P.O. Box 430, 12628 E 75 N
Loogootee, IN 47553**

TYPE OR PRINT ALL INFORMATION

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: _____

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)(3)
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 Daviess-Martin REMC Community Fund, Inc.

Date: _____ Amount: _____

Date: _____ 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 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

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 _____

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

For this application to be given consideration by the Daviess-Martin 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