

DECATUR COUNTY REMC COMMUNITY TRUST INC.
1430 W. Main St.
Greensburg, IN 47240-0046
(812) 663-3391

ORGANIZATION / AGENCY APPLICATION

1. Name of Organization: _____

2. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

3. Phone Number: _____

4. Contact Person: _____

Name

Title

Address

Phone Number

5. Email Address: _____

6. Is Organization requesting funding exempt from payment of income tax with a 501 [c] [3], **if yes please attach a copy of the 501 [c] [3] letter.**

Yes _____ No _____

7. **A copy of financial statement(s) for the most previous year should be provided. If not available, please complete and attach the Income Statement Form that accompanies this application.**

Yes _____ Financial Statement(s) or completed Income Statement Form attached

8. Number of individuals, families or groups served in Decatur, Franklin, Jennings, or Ripley County in last year: _____

9. Does organization/agency serve outside of Decatur, Franklin, Jennings, or Ripley County:

Yes _____ No _____

If yes, please provide information on number served and location.

10. State purpose of Organization/Agency's request (**Please include amount requested, with maximum being \$5,000 per year, and a detailed listing of specific items that will be purchased or a detailed description of how the funds will be used locally**): Add attachment if additional space is needed.

11. List your Board of Directors or Trustees:

12. List other sources where you have applied for, or received, funding for use for the request as described on the previous page:

13. Please list three (3) references: (**not affiliated with Decatur County REMC, its subsidiaries or a Trustee of Decatur County REMC Community Trust, Inc.**)

Name		Phone	
Address	City	State	Zip Code

Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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An Annual report of the use of the grant is required to be filed with the Decatur County REMC Community Trust, Inc. at the completion of the project. The report will be sent _____ (date). The information contained in this statement is for the purpose of obtaining funding from the Decatur County REMC Community Trust, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Decatur County REMC Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. Decatur County REMC Community Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. It is understood that all information herein will be kept in the strictest of confidence by the Decatur County REMC Community Trust, Inc. Board of Trustees.

Trustees, family members of Trustees, Directors and Employees of Decatur County REMC and members of their families shall not be eligible for disbursements of funds from this trust.

I am **not** a family member of the Trustees, Directors or Employees of Decatur County REMC.

I am a family member of _____, who is a (circle one) Trustee, Director or Employee of Decatur County REMC.

NAME OF ORGANIZATION

PRINTED NAME OF REPRESENTATIVE

SIGNATURE OF REPRESENTATIVE

DATE

Income Statement

Contributions & Income Sources	Amount
Year to Date	\$0
Operating Expenses	Amount
Year to Date	\$0
Assets	
Year to Date	\$0

This Guideline Contains:
 Income for the year
 Sources of that income/funding
 Expenses for the year