



**REMC MULTI-COUNTY COMMUNITY TRUST, INC.
APPLICATION CHECK LIST COVER SHEET**

PLEASE RETURN WITH 11 COPIES BY DATE: _____

Name of Organization or Agency: _____

Total amount of request: \$ _____

Please review the check-off list below to assure all required information is provided to have the application approved.

- Please do not list a Trustee of the REMC Multi-County Community Trust, Inc. or a Director of the Parke County REMC as a reference.

1. Current income Source(s); Expenses.
2. Prior income and expense statements.
3. Organization follows guidelines of IRS 501 © (3).
4. Detailed budget for project(s) and list of other funding sources for project(s).
5. Current year budget for total organization.
6. Most recent annual report; audit or year-end financial statement.
7. A one-page summary letter.
8. Listing of the board of directors, noting officers and list of staff members, including names and addresses.
9. Complete proposal narrative and key supporting documents such as charts, graphs or maps.
10. Letter of endorsement from your president or chief administrative officer.
11. Information which will help present a complete and accurate picture of your Organization.
12. Are all the questions answered on the application?
13. Make 11 copies.



REMC MULTI-COUNTY COMMUNITY TRUST, INC.

119 West High Street
Rockville, Indiana 47872
(765) 569-3133

**APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY**

Name of Organization/Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Daytime Phone Number: _____ Additional Contact Number _____

Is organization requesting funding exempt from payment of income tax: Yes No

A copy of financial statement(s) for most previous year should be provided. Attached: Yes No

State the purpose of the organization/agency's request. (**Include amount requested** and specifics of how the funds will be used. Emphasize how funds would be used to benefit the Parke County REMC community):

List other resources of funding for use of request as described in the above: _____

Please list three references:

1. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

2. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

3. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

The information contained in this statement is for the purpose of obtaining funding from the REMC Multi-County 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 REMC Multi-County Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The REMC Multi-County Community Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization/Agency: _____

Signature of Representative: _____ Date: _____