

DECATUR COUNTY REMC COMMUNITY TRUST INC.
P.O. Box 46 1430 W. Main St.
Greensburg, IN 47240-0046
(812) 663-3391

**APPLICATION FOR DONATION
FOR ORGANIZATION / AGENCY**

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

Yes _____ No _____

6. A copy of financial statement(s) for most previous year should be provided. If not available, forms will be provided.

a. Statement attached: _____

b. Forms requested: _____

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

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

Yes _____ No _____

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

9. State purpose of Organization/Agency's request (**Include amount requested 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.

10. List your Board of Directors or Trustees:

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

12. Please list three references:

Name	Phone		
Address	City	State	Zip Code

Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code

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.

This application must be completed in full to be considered by the Board of Trustees.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE