



P.O. Box 129 • Rensselaer, IN 47978 • 219-866-4601

A program of the Jasper County REMC Community Fund, Inc.

JASPER COUNTY REMC COMMUNITY FUND, INC.

2019 APPLICATION GUIDELINES

INDIVIDUAL AND/OR FAMILY

The role of the Trustees of the Jasper County REMC Community Fund, Inc. is to make the best use of the funds entrusted to us to support activities and needs within the Jasper County REMC service territory and to be sure that whatever gifts we make are handled wisely.

Because we want to be helpful to as many organizations and individuals as possible, we encourage you to seek funding from more than just Jasper County REMC Community Fund, Inc. We will not penalize you for doing that.

Once the request is received, that request will go to the Trust Board. The board is free to support, or deny any request. Once the board has approved a request, a check will be written.

The Jasper County REMC Community Fund, Inc. granting periods are as follows:

First Quarter

March 1 Applications available
April 1 Deadline for applications
3rd Wednesday in April Board reviews requests

Third Quarter

September 1 Applications available
October 1 Deadline for applications
3rd Wednesday in Oct. Board reviews requests

Second Quarter

June 1 Applications available
July 1 Deadline for applications
3rd Wednesday in July Board reviews requests

Fourth Quarter

December 1 Applications available
January 2, 2020 Deadline for applications
3rd Wednesday in Jan. Board reviews requests

In submitting application for consideration of funds, the following procedures must be followed:

- Application must be submitted to the Jasper County REMC office in a sealed envelope marked "Confidential – Jasper County REMC Community Fund, Inc. to the attention of CEO & General Bryan Washburn.
- **TEN COPIES OF THE APPLICATION MUST BE SUBMITTED. DO NOT USE PAPER CLIPS.**
- A contact person must be indicated should there be questions regarding the request.

Questions regarding the application or process can be directed to Member Services at the Jasper County REMC office between 7:30 a.m. and 4:00 p.m. Monday - Friday. Our phone number is: (219) 866-4601 or (888) 866-REMC, e-mail address: jasperremc@jasperremc.com.

If not selected, candidates must re-apply each quarter for consideration.

JASPER COUNTY REMC COMMUNITY FUND, INC.

PO Box 129 · Rensselaer, IN 47978
(219) 866-4601 · (888) 866-REMC · Fax (219) 866-2199
www.jasperremc.com

**2019 APPLICATION FOR DONATION
INDIVIDUAL AND/OR FAMILY**

Name _____

Other Members of Household:

Last Name	First	Middle	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address _____

Street or Post Office Box

City or Town

State

Zip Code

Phone Number _____ EXT _____

Home

Work

Email _____

Employers of those listed above:

Name Company/Individual

Address

Name Company/Individual

Address

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Name	Company/Individual
	Address
Name	Company/Individual
	Address
Name	Company/Individual
	Address
Name	Company/Individual

Reason for Request for Donation _____

Amount of Donation Requested \$ _____

Name to be used on Operation Round Up check _____

Specific Use of Funds: _____

Is individual or family receiving any other form of assistance or aid for the above stated request (donation, insurance, etc.)? Yes _____ No _____

If yes, please list: _____

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Statement of Financial Condition as of _____, 20_____

ASSETS

AMOUNTS

Cash

_____	_____	\$ _____
Institution	Account No.	
_____	_____	\$ _____
Institution	Account No.	
_____	_____	\$ _____
Institution	Account No.	

Real Estate

_____	_____	\$ _____
Partial/Wholly Owned	County	Market Value
_____	_____	\$ _____
Partial/Wholly Owned	County	Market Value

Other

_____	_____	\$ _____
Description	I.D. No.	Value
_____	_____	\$ _____
Description	I.D. No.	Value
_____	_____	\$ _____
Description	I.D. No.	Value

TOTAL ASSETS

\$ _____

LIABILITIES

AMOUNTS

Loans

_____	\$ _____
Lender's Name	
_____	\$ _____
Lender's Name	
_____	\$ _____
Lender's Name	
_____	\$ _____
Lender's Name	

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Mortgage _____ \$ _____
Mortgagor's Name

_____ \$ _____
Mortgagor's Name

Other Debt _____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

TOTAL LIABILITIES \$ _____

MONTHLY EXPENSES

AMOUNTS

Housing Mortgage _____ Rent _____ \$ _____

Food \$ _____

Utilities Electricity \$ _____

Gas \$ _____

Telephone \$ _____

Transportation Automobile Payment # 1 Vehicle \$ _____

Automobile Payment # 2 Vehicle \$ _____

Gasoline \$ _____

Repairs \$ _____

Insurance Medical \$ _____

Life \$ _____

Automobile \$ _____

Medical Doctors \$ _____

Hospital \$ _____

Medication \$ _____

Charge Accounts _____ \$ _____

Type of Card

_____ \$ _____

Type of Card

_____ \$ _____

Type of Card

_____ \$ _____

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Loans	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
Taxes (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Other Expenses (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES		\$ _____

SOURCES OF MONTHLY INCOME

		<u>Amounts</u>
Salary	_____	\$ _____
	Employer's Name	
	_____	\$ _____
	Employer's Name	
	_____	\$ _____
	Employer's Name	
Bonus, Tips & Commissions	_____	\$ _____
Dividends & Interest	_____	\$ _____
	_____	\$ _____
Real Estate Income	_____	\$ _____
	_____	\$ _____
Farm Income	_____	\$ _____
	_____	\$ _____

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Other Income (Please state type: alimony, child support, social security, disability, etc.):

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
TOTAL SOURCES OF MONTHLY INCOME	\$ _____

Please list three (3) references (may not be an employee or director of Jasper County REMC or a trustee of the Jasper County REMC Community Fund, Inc.):

_____	_____	_____	_____
Name		Phone	
_____	_____	_____	_____
Address	City/Town	State	Zip
_____	_____	_____	_____
Name		Phone	
_____	_____	_____	_____
Address	City/Town	State	Zip
_____	_____	_____	_____
Name		Phone	
_____	_____	_____	_____
Address	City/Town	State	Zip

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

I understand in applying for funding that, if granted, it will be used for the sole purpose as stated in this application.

Further, I understand that if funding is received, I grant permission for its publication in the Jasper County REMC's monthly publication as well as any other publication Jasper County REMC deems appropriate.

_____	_____	_____
Signature of Applicant/Recipient	Signature of Spouse (if applicable)	Date

For Trust Use Only: Approved _____ Date _____ Amount Approved _____ Declined _____ Date _____