



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
ORGANIZATION/AGENCY

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 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 as possible, we encourage you to seek funding from more than just Jasper County REMC Community Fund, Inc. In fact, when we see that you are willing to put some of your own money into a project or are trying to gain financial support from other organizations as well – that lends strength to your proposal. Applications should be submitted before the project begins.

If your organization has funds to complete this project without our assistance, we assume you will fund it yourselves. The requested financial information on the form is to help us understand the priorities and financial health of your organization.

Once we have received a request, it will go to the Trust Board for review. The Board is free to support, question, or deny any request. Once the board has approved a request, a check will be written to the organization.

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

First Quarter		Third Quarter	
March 1	Applications available	September 1	Applications available
April 1	Deadline for applications	October 1	Deadline for applications
3 rd Wednesday in April	Board reviews requests	3 rd Wednesday in October	Board reviews requests
Second Quarter		Fourth Quarter	
June 1	Applications available	December 1	Applications available
July 1	Deadline for applications	January 2, 2020	Deadline for applications
3 rd Wednesday in July	Board reviews requests	3 rd Wednesday in Jan.	Board reviews requests

In submitting an 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 Manager Bryan Washburn.
- **TEN STAPLED 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 for funds.

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, or e-mail jasperremc@jasperremc.com.

If your project is not selected, you must re-apply each quarter to be considered for funding.

JASPER COUNTY REMC COMMUNITY FUND, INC.

PO Box 129 · Rensselaer, Indiana 47978
(219) 866-4601 · (888) 866-REMC (7362) · (219) 866-2199 Fax
www.jasperremc.com

2019 APPLICATION FOR DONATION ORGANIZATION/AGENCY

Name of Organization/Agency: _____

Street Address: _____ PO Box: _____

City or Town: _____ State: _____ Zip: _____

Day Phone Number: _____ EXT ____ Night Phone Number: _____

Contact Person: _____ **Email** _____

Is the organization requesting funding exempt from payment of income tax? **Yes**____ **No**____
If yes, a copy of Form 501[c]3 from the Internal Revenue Service must be attached

A copy of your financial income and balance statements for the most previous year should be provided. Please know we are interested in the general publicly disclosed statement, not your detailed information.

A copy of the most recent income statement is attached. Yes _____
A copy of the most recent balance statement is attached. Yes _____

NATURE OF REQUEST

Briefly describe the project for which you are requesting a grant:

Amount you are requesting: \$ _____

Amount needed for project: \$ _____

Deadline when grant is needed: _____

Name to be used on Round Up check _____

Is your organization contributing to the project in terms of cash and/or in-kind/non-cash? If so, please provide details of the contribution:

From what other companies/sources of revenue are you requesting a contribution and for how much?

Who will benefit from this project? _____

Number of individuals, families or groups served by your organization/agency in the past year _____

If we support your project, how will you measure its effectiveness and follow-up with us with your results? _____

Are there specific results/outcomes that are expected? _____

MORE ABOUT YOUR ORGANIZATION

Do you have a Board of Directors? Yes_____ No_____

What are your annual operating expenses? Year _____ \$ _____

What are your annual fund raising expenses? Year _____
(As a dollar and/or percent of total operating expense) \$ _____

Briefly describe your organizations financial accountability. Are you audited independently on an annual basis?

Please list ways we might be recognized for awarding a grant to your organization:

CONTINGENCY PLAN

If we are unable to award a grant for some or your entire requested amount, what is your back-up plan?

The information contained in this statement is for the purpose of obtaining funding from the Jasper County REMC 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. 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.

Name of Organization

Signature of Representative

Signature of Representative

Date

For Trust Use Only

Approved _____ *Date:* _____ *Amount Approved* _____

Declined _____ *Date:* _____