

**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 following list to be sure you have given all the information needed 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.  Are all questions answered on the application?
2.  Income Source(s); Expenses.
3.  Copy of your organization's IRS 501 (c) (3) determination letter.
4.  Detailed budget for the project/projects.
5.  Prior income and expense statements.
6.  Current year budget for total organization.
7.  Most recent annual report; audit or year-end financial statement.
8.  List of other funding sources expected to support this project.
9.  A one-page summary letter.
10.  Listing of the board of directors, noting officers and a list of staff members, including names and addresses.
11.  Complete proposal narrative and key supporting documents such as charts, graphs or maps.
12.  Letter of endorsement from your president or chief administrative officer.
13.  Any other information which will help present a complete and accurate picture of your Organization.
14.  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: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

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 and emphasize how funds would be used locally):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_