



**Daviess-Martin REMC  
Community Fund, Inc.**

**ORGANIZATIONAL  
GRANT APPLICATION**

**Application Due Date**

Applications are due no later than the last business day of the month prior to the board meeting. Board meetings are held quarterly on the second Wednesday of March, June, September and December.

**Information That MUST Accompany Application**

1. A one-page budget for the amount requested, with justification
2. A copy of the IRS letter confirming 501 (c)(3) status (if applicable)
3. A copy of the most recent audited financial statements or annual report
4. Current organizational budget (if not available please explain)

**Questions or Inquiries**

Call the Daviess-Martin REMC office (812-295-4200 or 800-762-7362) and ask for the Operation Round-Up Director.

**Mail or deliver 9 copies of this application and support materials to:**

**Daviess-Martin REMC Community Fund, Inc.  
c/o Daviess-Martin County REMC  
P.O. Box 430, 12628 E 75 N  
Loogootee, IN 47553**

**TYPE OR PRINT ALL INFORMATION**

Name of Organization: \_\_\_\_\_

Grant amount requested: \_\_\_\_\_ Date Established: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

General objectives of the organization: \_\_\_\_\_

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Briefly describe the project or program for which funding is being requested

(Attach additional page if necessary): \_\_\_\_\_

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Other funding sources applied for this project:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

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Sources of firm pledges and commitments to-date:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

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Is this a new organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this a new program within an established organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this grant to supplement an established program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your organization have tax-exempt status under the section 501(c)(3)  
of the IRS Code? \_\_\_\_\_ Yes \_\_\_\_\_ No

Financial Record of the Organization (attach additional pages if necessary):

Source of funds in previous years: \_\_\_\_\_

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Expenditures - current year (itemize briefly): Amount


Other sources of funds for current year: Amount


Other assets available for current year (endowment, reserve or other funds): Amount


Number of full-time paid employees: \_\_\_\_\_

Will this grant involve additional employees?    Yes    No    How Many? \_\_\_\_\_

Is this organization a United Way Agency    Yes    No

Is this organization affiliated with any religious organizations?    Yes    No

If yes, what organization? \_\_\_\_\_

Have you applied for or do you contemplate applying for State or Federal Funds?    Yes    No

If yes, please explain fully, including amounts which may be available from those sources:

\_\_\_\_\_

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Previous grants received from the Daviess-Martin REMC Community Fund, Inc.

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Date the funds from this grant, if awarded, would be needed:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

If this will be a continuing project, explain in detail the source of funds for operation in subsequent years: \_\_\_\_\_

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List your board of directors and/or trustees and officers along with their telephone numbers:

_____	_____	_____	_____
Name	Phone	Name	Phone

_____	_____	_____	_____
Name	Phone	Name	Phone

_____	_____	_____	_____
Name	Phone	Name	Phone

_____	_____	_____	_____
Name	Phone	Name	Phone

Please list two (2) references (may not be a Daviess-Martin REMC director or employee or a director of Daviess-Martin REMC Community Fund, Inc.

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any other pertinent information, which would aid in the evaluation of your grant request:

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

For this application to be given consideration by the Daviess-Martin REMC Community Fund, Inc. it must be signed by the organization's President and by the individual to whom future questions and correspondence may be addressed:

\_\_\_\_\_  
President / Chairperson

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed