

UDWI REMC COMMUNITY FUND, INC.  
P.O. Box 427  
Bloomfield, Indiana 47424  
(812) 384-4446

**APPLICATION FOR DISBURSEMENT  
FOR ORGANIZATION/AGENCY**

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

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

Street or Post Office Box

City or Town

State

Zip Code

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

Work

Home

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

Name

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. If not, available forms will be provided.

a. Statement attached: \_\_\_\_\_

b. Forms requested: \_\_\_\_\_

UDWI REMC  
Community Fund, Inc.  
P.O. Box 427  
Bloomfield, IN 47424

State **purpose** of organization/agency=s request (Include **amount** requested, **specify** how funds will be used, **emphasize** how funds would be used locally, and **date** project would be completed or **date** item or items would be purchased.)

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List other sources of funding for use of request as described in the above:

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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

The information contained in this statement is for the purpose of obtaining funding from the UDWI 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 UDWI 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 UDWI REMC Community Fund, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

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NAME OF ORGANIZATION

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SIGNATURE OF REPRESENTATIVE

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DATE

I-48480