UDWI REMC Community Fund, Inc.
PO Box 427; 1666 West State Road 54
Bloomfield, Indiana 47424
812-384-4446

APPLICATION FOR DISBURSEMENT
FOR ORGANIZATION/AGENCY

Name of Organization/Agency:_____

Physical Address of Organization/Agency:_____
<div style="text-align:center">Street</div>

_____
City   State   Zip Code

Mailing Address (if different):_____
Street or Post Office Box

_____
City   State   Zip Code

Phone Number(s):_____
Work   Home   Mobile

Contact Person:_____
Name   Title

Email Address:_____

Is organization exempt from payment of income tax?   Yes_____ No_____

Is organization deemed a Not for Profit approved by the IRS?   Yes_____ No_____

Employer Identification Number (EIN):_____

Total of Request: _____
(maximum limit $5,000.00)

Please provide a copy of financial statement(s) for the most previous year. If unable to provide, please explain why:

_____

_____

State purpose of organization/agency's request (include amount requested, specify how funds will be used, emphasize how funds will be used locally, and date project will be completed, or date item(s) will be purchased). Requests for multiple items/projects must have amounts of each request itemized.

_____

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

How much benefit does organization/agency provide to the UDWI REMC service territory?

_____

_____

_____

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.

_____

Name of Organization

_____

Signature of Representative

_____

Date

Applications not filled out in their entirety will not be submitted for consideration.