

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: _____
Street

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 a tax-exempt, Nonprofit, approved by the IRS? Yes _____ No _____

Employer Identification Number (EIN): _____

Project start date _____ Project end date _____

Total dollar amount of request: _____
maximum limit \$5,000.00 - Whole Dollars Only

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 grant funds will be used, emphasize how funds will be used locally. Requests for multiple items/projects must have amounts of each request itemized.

Please provide a brief budget and explanation of how requested funds will be used. Please note that any funds not spent during the grant period for specified uses must to be returned to UDWI REMC community Fund.

Item	Amount requested	How funds will be used

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?

How will your grant project be evaluated to determine success?

Please list three references:

Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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NOTE: You will be asked to provide a final summary of how funds were used and success of project which will be due at the end of your grant.

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.
Capital Improvement Projects are not allowed and will not be funded.**

FINAL GRANT REPORT

Please complete the following report up to two weeks after the end of the grant project. Please provide as much information as possible so that we fully understand your project, it's success and how allocated funds were spent.

Name of Organization/Agency: _____

Phone Number(s): _____
Work Home Mobile

Contact Person: _____
Name Title

Email Address: _____

Provide a brief summary of your grant project. Include start/end dates, amount spent for each activity/item, who was served, How many people were impacted by the project and how the project benefitted the UDWI REMC service area.

Were grant funds were used differently than originally stated in grant application? If yes, please provide an explanation as to why funds were used for the new purpose. How did this new purpose benefit the project? _____ Yes _____ No

**Were 100% of the funds requested spent? If no, how much was not spent?
_____ Yes _____ No Amount to be returned \$ _____**