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 exempt from payment of income tax? Yes_____ No_____

Is organization deemed a 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

Please provide a copy of financial statement (for the most previous year) which include income and expenses. 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

_____

Address City State Zip Code

_____

Name Phone

_____

Address City State Zip Code

_____

Name Phone

_____

Address City State Zip Code

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.**

~Per the UDWI REMC Community Fund, Inc. Bylaws Article XXIII, no funds shall in any fashion be used to pay for any group or individual's utility bill(s).