



WIN Energy REMC Community Trust, Inc.

ORGANIZATIONAL GRANT APPLICATION

Application Due Date

- Applications are accepted quarterly and are due no later than the 1st day of February, May, August or November.
- Applications must be completed in full. Incomplete applications will not be considered for funding.
- **Funds cannot be used for labor expenses or political contributions.**

Information That MUST Accompany Application

1. A one-page budget for amount requested, with official quote
2. A copy of the IRS letter confirming 501 (c)(3) status (if applicable)
3. If not a 501(c)(3) organization, a copy of the IRS letter confirming Employer Identification Number (EIN)
4. A copy of the most recent annual report (if available)

Accountability Report

- Organizations will be required to sign an accountability statement upon receipt of a grant.
- Organizations that are awarded a grant must spend the funds within one year of disbursement **and** provide an accountability report to the WIN Energy REMC Community Trust, Inc. The accountability report should include a detailed description of the project on which funding was spent and any applicable receipts or documentation.
- If funds are not spent within a year, an accountability report is not submitted or funds are not spent for the intended purpose of the grant, the organization will be required to reimburse the funds to the Trust.

Questions or Inquiries

Call the WIN Energy REMC office at **800-882-5140** and ask for the Operation Round Up Coordinator.

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

**WIN Energy REMC Community Trust, Inc.
c/o WIN Energy REMC
3981 S US Highway 41
Vincennes, IN 47591**

TYPE OR PRINT ALL INFORMATION

Name of Organization: _____

Date Organization Established: _____ Grant amount requested:* _____

Street Address: _____

City, State, Zip: _____

Daytime Telephone: (____) _____ Email: _____

Contact Person: _____

**Partial funding may be considered.*

General objectives of the organization: _____

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

(Attach additional page if necessary): _____

Other funding sources applied for this project:

Source: _____ Amount: _____

Sources of firm pledges and commitments to-date:

Source: _____ Amount: _____

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

(If organization has tax exempt status under section 501(c)(3) of the IRS code, a letter of verification of status must be submitted. If not, please submit a letter of verification of the EIN.)

Have you included the following?

Letter of verification from the IRS confirming 501(c)(3) status? _____ Yes _____ No

Letter of verification from the IRS confirming EIN? _____ Yes _____ No

****Funding cannot be used to pay compensation for anyone employed by the organization, including a grant writer, or for operational expenses.**

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

Source of funds in previous years: _____

Expenditures - current year (itemize briefly): Amount

Expenditures - current year (itemize briefly):	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Other sources of funds for current year: Amount

Other sources of funds for current year:	Amount
_____	_____
_____	_____
_____	_____
_____	_____

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

** Funding cannot be used to pay compensation for anyone employed by the organization, including a grant writer, or for operational expenses.

Have you applied for or do you contemplate applying for State or Federal Funds for this project?

___ Yes ___ No

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

Previous grants received from the WIN Energy REMC Community Trust, 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: _____

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 WIN Energy REMC director or employee or a director of WIN Energy REMC Community Trust, Inc.)

1. _____

Name	Phone
_____	_____
_____	_____

2. _____

Name	Phone
_____	_____
_____	_____

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

The information contained in this statement is for the purpose of obtaining funding from the WIN Energy REMC Community Trust, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the WIN Energy REMC Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The WIN Energy REMC Community Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

For this application to be given consideration by the WIN Energy REMC Community Trust, Inc. it must be signed by the organization's President/Chairperson 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