

WHITEWATER VALLEY REMC COMMUNITY TRUST, INC.  
101 Brownsville Avenue  
Post Office Box 349  
Liberty, Indiana 47353  
(765) 458-5171

**APPLICATION FOR DISBURSEMENT  
FOR ORGANIZATION/AGENCY**

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

Name of Organization: \_\_\_\_\_  
(as it should appear on the check, if grant awarded, if different than above)

Address: \_\_\_\_\_  
Street or Post Office Box  
\_\_\_\_\_  
City State Zip Code

Contact Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Is organization requesting funding exempt from payment of income tax:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a copy of Form 501[c]3 from the Internal Revenue Service must be attached

A copy of financial statement(s) for most previous year should be provided.

*Please note we are interested in the general publicly disclosed statements, not your detailed information.*

a. Income Statement attached: Yes \_\_\_\_\_

b. Balance Sheet attached: Yes \_\_\_\_\_

**NATURE OF REQUEST**

Briefly, and as specifically as you can, describe the project for which you are requesting a grant:

---

---

---

Amount you are requesting: \$ \_\_\_\_\_

Amount needed for project: \$ \_\_\_\_\_

Deadline when grant needed: \_\_\_\_\_

Is your organization contributing to the project in terms of cash and/or in-kind/non-cash? If so, please provide details of the contribution:

---

---

---

From what other companies/sources of revenue are you requesting a contribution and for how much?

---

Describe the number of people that would benefit from this project or what type of an impact it will have.

---

Number of individuals, families or groups served by your organization in the past year:

---

Are there specific results/outcomes that are expected? How do you plan to measure the success of your project/program?

---

---

---

**MORE ABOUT YOUR ORGANIZATION**

Do you have a Board of Directors? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your annual operating expenses? Year \_\_\_\_\_ \$ \_\_\_\_\_

What are your annual fund raising expenses? Year \_\_\_\_\_  
(As a dollar and/or percent of total operating expense) \$ \_\_\_\_\_

Briefly describe your organization’s financial accountability. Are you audited independently on an annual basis?

**CONTINGENCY PLAN**

If we are unable to award a grant for some or your entire requested amount, what alternatives do you have?

Please list three references: (may not be an employee or director of the Whitewater Valley REMC or a trustee of the Whitewater Valley REMC Community Trust, Inc.)

1. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

2. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

3. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

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

*I understand in applying for funding that if granted, it will be used for the sole purpose as stated in this application.*

*Further, I understand that if funding is received, I grant permission for its publication in the Whitewater Valley REMC's monthly publication as well as any other publication the Whitewater Valley REMC deems appropriate.*

---

NAME OF ORGANIZATION

---

SIGNATURE OF REPRESENTATIVE

---

DATE

*For Trust Use Only*

*Approved* \_\_\_\_\_ *Date:* \_\_\_\_\_ *Amount Approved* \_\_\_\_\_

*Declined* \_\_\_\_\_ *Date:* \_\_\_\_\_