

BARTHOLOMEW REMC MEMBERSHIP COMMUNITY TRUST, INC.
P. O. Box 467 – 1697 W. Deaver Road
Columbus, IN 47202-0467
(812) 372-2546

**APPLICATION FOR DONATION
FOR ORGANIZATION / AGENCY**

Name of Organization: _____

Address: _____

Street or Post Office Box

City or Town

State

Zip Code

Phone Number: _____

Contact Person: _____

Name

Title

Address

Phone Number

Is Organization requesting funding exempt from payment of income tax with a 501[c][3], if yes please attach a copy of the letter.

Yes _____

No _____

A copy of financial statement(s) for most previous year should be provided. If not available forms will be provided.

a. Statement attached: _____

b. Forms requested: _____

State purpose of Organization/Agency's request (Include amount requested and specifics of how funds will be used and emphasize how funds would be used locally): Add attachment if additional space is needed. A one page cover letter must accompany this application.

List your Board of Directors or Trustees:

_____	_____
_____	_____
_____	_____
_____	_____

List other sources where you have applied for funding for use for the request as described on the previous page:

Please list three (3) references (may not be a Director or Employee of Bartholomew County REMC or a Trustee of Bartholomew REMC Membership Community Trust, Inc.)

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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An Annual report of the use of the grant is required to be filed with the Bartholomew REMC Membership Community Trust, Inc. at the completion of the project. The report will be sent

_____.
date

The information contained in this statement is for the purpose of obtaining funding from the Bartholomew REMC Membership 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 Bartholomew REMC Membership Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Bartholomew REMC Membership Community Trust, Inc. is authorized to make all inquires they deem necessary to verify the accuracy of the statements made herein. It is understood that all information herein will be kept in the strictest of confidence by the Bartholomew REMC Membership Community Trust, Inc. Board of Trustees.

Trustees, family members of Trustees, Directors and Employees of Bartholomew County REMC and members of their families shall not be eligible for disbursements of funds from this trust.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE

This Application will be kept on file at the Bartholomew County REMC office for 24 months.

PLEASE SUBMIT 7 COPIES ALONG WITH THE ORIGINAL APPLICATION.