### **Grant Application Guideline**

Operation Round Up® provides funding assistance to approved eligible applicants located within the counties of: Dubois, Crawford, Orange, Martin, Perry & Pike Counties served by Dubois REC.

Call the office to verify due date or check the website.

#### **Categories of Assistance**

- 1. Community Service
  - Programs, projects and organizations that are important components of a community's overall quality of life, with emphasis on public safety, health care, self-sufficiency, and basic human needs.
    - Victim (abuse and crime) assistance programs
    - Emergency rescue health care equipment and transportation services
    - o Local fire departments, rescue squads, law enforcement groups
    - Local libraries
  - Programs and projects that enhance the cultural environment of communities in our local area
- 2. Education and Youth
  - School and academic enrichment programs
  - Programs and projects designed to combat critical social problems affecting our youth, with an emphasis on children and teens at risk.
  - Programs and projects that promote youth wellness.
  - No college scholarships will be awarded.
- 3. Environment
  - Programs that promote community recycling and natural resource preservation.
  - Community-based environmental quality education programs.

## Applicant Eligibility

- 1. Contributions will generally be made only to not-for-profit organizations, governmental entities, school districts or colleges that have been granted tax-exempt status by the Internal Revenue Service 501(c) (3).
- 2. The organization must contribute to the community's health and/or welfare.
- 3. The organization's services must be non-discriminatory in nature.
- 4. Individuals/families must reside in the Dubois REC territory.
- 5. Awards for an individual/family must be awarded thru a 501(c) (3) organization. No individual, group, organization, charity, or like organization shall receive money from the Fund for the same purpose for more than two consecutive years. At least one full calendar year shall pass from the date of the second disbursement to the time of the next application.

#### **Evaluation Factors**

The following factors will be considered in the evaluation of all funding requests:

- Potential benefit to residents of the Dubois REC Service Area and the entire community.
- Level of community support for the program or project or the organization requesting the funds.
- Fiscal and administrative capability of the organization to deliver a quality service or program.
- Results that are predictable and can be evaluated.

#### Completing the Application\*\*\* All Steps must be submitted or will be not be considered

- ✓ Complete all the pages of this application form. The Application must be **typed** or **printed**.
- ✓ Be sure to sign the application.
- ✓ A copy of the most recent fiscal year's financial statement must be attached. If the organization has an independent audit, a copy of that report should be attached.
- $\checkmark$  A copy of the organization's 501 (c) (3) status from the IRS must be included.
- ✓ A one page budget outlining the project of this request must be attached.
- ✓ A copy of the requesting organization's current fiscal budget should be attached.
- ✓ If you are requesting specific items, please attach a written quote from a vendor with a line item breakdown for each item. Pictures and/or specifications of the items are greatly appreciated when attached.

Deliver 9 nine completed copies of the application and the necessary attachments to
Dubois REC Community Fund
c/o Dubois REC
PO Box 610, 1400 Energy Drive, Jasper, IN 47547 Questions
may be directed to Elizabeth Kempf at 812.482.5454
Additional information is available on our website, www.duboisrec.com.





## **ORGANIZATIONAL GRANT APPLICATION**

## TYPE OR PRINT ALL INFORMATION

Name of Organization:	
Grant amount requested: I	
Street Address:	
City, State, Zip:	
Daytime Telephone:	
Contact Person:	
General objectives of the organization:	
Briefly describe the project or program for which fundi (Attach additional page if necessary):	

Other funding sources applied for this project:	
Source:	Amount:
Sources of <u>firm</u> pledges and commitments to-date:	
Source:	Amount:
Is this a new organization?	YesNo
Is this a new program within an established organization?	YesNo
Is this grant to supplement an established program?	YesNo
Does your organization have tax-exempt status under the section 501(c)(3)	
of the IRS Code?	YesNo
Financial Record of the Organization (attach additional pages if necessary):	
Source of funds in previous years:	
Expenditures - current year (itemize briefly):	Amount

Other sources of funds for current year:	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?		
Have you applied for or do you contemplate applying for State or Federal Fun If yes, please explain fully, including amounts which may be available from the		
Previous grants received from the Dubois REC Community Fund, Inc.		
Date: Amount:		

Date the funds from this grant, if awarded, would be needed:

Date	:		<i>P</i>	Amount:	
Date:					
If thi	is will be a continuing	project, explain in	detail the source of	f funds for operation	n in
subse	equent years:				
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List :	your board of director	s and/or trustees and	d officers along wi	th their telephone n	umbers:
Name	2	Phone	Name		Phone
Name	;	Phone	Name		Phone
Name	;	Phone	Name		Phone
Name	;	Phone	Name		Phone
Pleas	se list two (2) reference	ees (may not be a Du	ıbois REC director	or employee or a tr	rustee of
Dubo	ois REC Community	Fund, Inc.)			
1	Name			Phone	
	Address	(	City	State	Zip
2	Name	<u> </u>		Phone	
	Address	(	City	State	Zip

List any other pertinent information, which would aid in the evaluation of your grant request:				
· · · · · · · · · · · · · · · · · · ·	on by the Dubois REC Community Fund, Inc. it must nd by the individual to whom future questions and			
President / Chairperson	Contact Person			
Printed Name	Printed Name			
Date Signed	Date Signed			

## The following information MUST accompany this application or will not be considered

- \* A one-page budget for the amount requested, with justifications
- \* A copy of the IRS letter confirming 501 (c)(3) status (if applicable)
- \* A copy of the most recent audited financial statements or annual report
  - \* Current organizational budget (if not available please explain)

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

Dubois REC Community Fund, Inc. c/o Dubois REC P.O. Box 610 1400 Energy Drive Jasper, IN 47547

(812).482.5454

## **Checklist**

# The following information MUST accompany this application or will not be considered

- A one-page budget for the amount requested, with justifications
- A copy of the IRS letter confirming 501 (c)(3) status (if applicable)
- A copy of the most recent audited financial statements or annual report
- Current organizational budget (if not available please explain)