



Dubois REC Community Fund

ORGANIZATIONAL GRANT APPLICATION

TYPE OR PRINT ALL INFORMATION

Name of Organization: _____

Grant amount requested: _____ Date Established: _____

Street Address: _____

City, State, Zip: _____

Daytime Telephone: _____

Contact Person: _____

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:

<u>Source:</u>	<u>Amount:</u>
_____	_____
_____	_____
_____	_____

Sources of firm pledges and commitments to-date:

<u>Source:</u>	<u>Amount:</u>
_____	_____
_____	_____
_____	_____

- 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

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

Source of funds in previous years: _____

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

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 Dubois REC director or employee or a trustee of Dubois REC Community Fund, Inc.)

1. _____

Name Phone

Address City State Zip

2. _____

Name Phone

Address City State Zip

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

For this application to be given consideration by the Dubois REC Community Fund, Inc. it must be signed by the organization's President 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

The following information MUST accompany this application

- * 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