



Boone REMC Community Fund, Inc.

ORGANIZATIONAL GRANT APPLICATION

Grant Request From: _____ TYPE OR PRINT ALL INFORMATION

Name of Organization: _____

Date Established: _____

Street Address: _____

City, State, Zip: _____

Daytime Telephone: _____

Contact Person: _____

Officers, Directors of the Organization:

General objectives of the organization:

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

(Attach additional page if necessary):

Grant amount requested: _____

(Maximum amount available for grants to organizations is \$10,000)

Other funding sources applied for this project:

Source: _____ Amount: _____

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
Are the persons receiving and/or dispensing funds bonded? Yes No
If yes, state amount of bond(s) \$ _____

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?

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

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

Previous grants received from the Boone REMC Community Fund, Inc.
(indicate date):

Amount:

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

Amount:

If this will be a continuing project, explain in detail the source of funds for operation in subsequent years:

How will the funds and the organization be managed?

If the Boone REMC Community Fund, Inc. is unable to approve your request for funds, what alternatives do you have?

How do you plan to evaluate the success of your project/program?

What are the long-term goals of the organization?

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

