



Orange County REMC Electrical Community Fund, Inc

Application Guidelines

Operation Round Up Trustees meet quarterly to review application. If an application is not returned by date listed above, the application will be included in the next grant cycle.

Please include 9 copies with the original application. Operation Round Up Trustee's receive the application prior to the quarterly meeting. Please include any information pertaining to the grant with all applications.

What is the Purpose of the Orange County Rural Electric Community Fund, Inc.?

The purpose of the Orange County Rural Electric Community Fund, Inc. is to accumulate and disburse funds for charitable purposes to individuals, families, groups, and organizations located in the service area of Orange County REMC. The REMC's service area includes Orange, Washington, Crawford, Martin, and Lawrence.

The source of funds is the REMC's members who voluntarily participate in a RoundUp program. Each month, those members volunteering to participate, allow their electric bill to be rounded up to the next highest dollar. The amount rounded up is accumulated by the REMC and transferred to the Orange County Rural Electric Community Fund, Inc.

Who is eligible to Apply for Funds?

Any individual, family, group, or organization located within Orange County REMC's service area is eligible to apply for funds. Generally, funds will be provided to meet the needs of applicants that are not being met through other sources of means.

The maximum amount available to any individual or family is \$2,500.00 per year. The maximum amount available to any group or organization is \$10,000.00 per year. Under extenuating circumstances, additional funding may be available to individuals, families, groups, or organizations if approved by all of the Trustees who are responsible for administering the Fund.

What is not eligible for funding?

The following will not be eligible to received funding:

- Candidates for political office, political parties, or any political purpose
- Activities or requests that lack solid community support
- Payment of utility bills
- Labor charges
- Distributed to individuals, churches, or groups of one specific religious domination.

If awarded a grant, is there a time limit on how long the money will be available?

Yes! Organizations and individuals will have one year to fulfill the requirements for the grant awarded. After one year has elapsed, the money will be placed in the general fund for future disbursement. The organization or individual may re-apply for new funds.

How does an Individual or Organization Apply for Funding?

Applications are available at Orange County REMC, 7133 N State Road 337 Orleans IN 47452. Applications may be picked up at the REMC or will be mailed upon request. Questions regarding completion of the application should be directed to the REMC at (812) 865-2229 locally or (888) 337-5900 toll free. Applications may be submitted at any time.

A seven member Board of Trustees will review all applications. The Board of Trustees will meet no less than semi-annually and may meet more frequently as determined by the number of applications that are received. The Board of Trustees will notify applicants within thirty days following action.



Orange County Rural Electric Community Fund, Inc.
Attention: Stacy Slaten
P O Box 208
Orleans IN 47452
(812) 865-2229 or (888) 337-5900

APPLICATION FOR DONATION
FOR INDIVIDUAL AND/OR FAMILY

TYPE OR PRINT IN BLACK INK ALL INFORMATION

1. Name: _____

2. Other Members of Household:

	Last Name	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: _____
Street or Post Office Box

_____ City or Town State Zip
4. Phone Number: _____ Home _____ Work

5. Employers of those listed in Number 1 and Number 2 above:

_____ Name _____	_____ Supervisor _____
_____ Address _____	_____ Phone Number _____
_____ Name _____	_____ Supervisor _____
_____ Address _____	_____ Phone Number _____
_____ Name _____	_____ Supervisor _____
_____ Address _____	_____ Phone Number _____

6. Grant Amount Requested: _____

7. Reason for Request for Donation: (Include amount requested and specific use of funds).

8. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes _____ No _____ (if yes, please describe)

9. Statement of Financial Condition as of _____, 20 _____.

SOURCES OF MONTHLY INCOME	AMOUNTS
Salary _____ Employer's Name _____	\$ _____
Bonus, Tips & Commissions _____	\$ _____
Dividends & Interest _____	\$ _____
Real Estate Income _____	\$ _____
Farm Income _____	\$ _____
Other (please state: alimony, child support, other) _____	\$ _____
Type _____	\$ _____
Type _____	\$ _____
TOTAL SOURCES OF MONTHLY INCOME	\$ _____

<u>ASSETS (list all)</u>	<u>AMOUNTS</u>
Cash _____	\$ _____
Banking Institution _____ Acct. No. _____	\$ _____
Banking Institution _____ Acct. No. _____	\$ _____
Real Estate _____	\$ _____
Partial or Wholly Owned _____ County _____	Market Value \$ _____

Other Assets:
 (State type: i.e., Stocks, Bonds, Personal Property, Auto, Loan Receivable, Life Insurance (Cash Value),
 Include description, account number, etc.)

_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value

TOTAL ASSETS \$ _____

MONTHLY EXPENSES

AMOUNTS

Housing Mortgage _____ Rent _____ \$ _____

Food \$ _____

Utilities Electricity \$ _____
Gas \$ _____
Telephone \$ _____

Transportation Automobile Payments \$ _____
Gasoline \$ _____

Insurance Medical \$ _____
Life \$ _____
Automobile \$ _____

Medical Doctors \$ _____
Hospital \$ _____
Medication \$ _____

Charge Accounts _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Loans (Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Taxes _____ \$ _____
_____ \$ _____
_____ \$ _____

Other Expenses _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

10. Please list three references. (May not be a director of employee of Orange County REMC or a member of the Board of Trustees.)

Name Phone

Address City State Zip

Name Phone

Address City State Zip

Name Phone

Address City State Zip

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

The information contained in the statement is for the purpose of obtaining funding from the Orange County Rural Electric Community Fund, 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 Orange County Rural Electric Community Fund, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Orange County Rural Electric Community Fund, Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. This information will be held in confidence, for use by the Board of Trustees only.

Signature of Applicant/Recipient

Signature of Spouse

Date