

UDWI REMC Community Fund, Inc.
PO Box 427; 1666 West State Road 54
Bloomfield, Indiana 47424
812-384-4446

**APPLICATION FOR DISBURSEMENT
FOR ORGANIZATION/AGENCY**

Name of Organization/Agency: _____

Physical Address of Organization/Agency: _____
Street

City

State

Zip Code

Mailing Address (if different): _____
Street or Post Office Box

City

State

Zip Code

Phone Number(s): _____
Work Home Mobile

Contact Person: _____
Name Title

Email Address: _____

Is organization exempt from payment of income tax? Yes _____ No _____

Is organization deemed a Not for Profit approved by the IRS? Yes _____ No _____

Employer Identification Number (EIN): _____

Total amount requesting: _____

Please provide a copy of financial statement(s) for the most previous year. If unable to provide, please explain why:

Please list three references:

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

The information contained in this statement is for the purpose of obtaining funding from the UDWI REMC 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 UDWI REMC Community Fund, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The UDWI REMC Community Fund, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization

Signature of Representative

Date

Applications not filled out in their entirety will not be submitted for consideration.