

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 a tax-exempt, Nonprofit, approved by the IRS? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Project start date \_\_\_\_\_ Project end date \_\_\_\_\_

Total dollar amount of request: \_\_\_\_\_  
maximum limit \$5,000.00

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

\_\_\_\_\_  
\_\_\_\_\_

**State purpose of organization/agency's request (include amount requested, specify how grant funds will be used, emphasize how funds will be used locally. Requests for multiple items/projects must have amounts of each request itemized.**

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**Please provide a brief budget and explanation of how requested funds will be used. Please note that any funds not spent during the grant period for specified uses must to be returned to UDWI REMC community Fund.**

<b>Item</b>	<b>Amount requested</b>	<b>How funds will be used</b>

**List other sources of funding for use of request as described in the above:**

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**How much benefit does organization/agency provide to the UDWI REMC service territory?**

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**How will your grant project be evaluated to determine success?**

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**Please list three references:**

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Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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**NOTE: You will be asked to provide a final summary of how funds were used and success of project which will be due at the end of your grant.**

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.**

**\*Capital Improvement Projects are not allowed and will not be funded.**

**~Per the UDWI REMC Community Fund, Inc. Bylaws Article XXII, no funds shall in any fashion be used to pay for any group or individual's utility bill(s).**