

Tri-County Electric Foundation, Inc.
P. O. Box 130
Dudley, N. C. 28333

APPLICATION FOR GRANT FOR NON-PROFIT ORGANIZATIONS

The information obtained in this application is solely for the purpose of determining qualification for a grant from the Tri-County Electric Foundation, Inc. and will be kept in strictest confidence.

The person signing this application warrants that the information provided is true and complete. The Tri-County Electric Foundation, Inc. is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

Print Name of Organization

Signature of Authorized Representative

Date

Incomplete applications will be returned to the applicant for completion.

Grant applications are to be completed and returned to the Tri-County EMC office, or mailed to Tri-County Electric Foundation, Inc., P. O. Box 130, Dudley, N. C. 28333.

Funding Criteria

Funds donated by members of Tri-County Electric Membership Corporation shall be disbursed by the Tri-County Electric Foundation, Inc. Board of Directors to individuals and families who are suffering unusual or unexpected problems and are in grave need of assistance. Grants for non-profit organizations should be used to purchase special equipment for the organization, offer assistance for needs of the community such as shelter, food, health care, emergencies and other humane needs.

Funds shall not be used for operating funds or salaries, but for specific projects and needs. Funds shall not be used for political purposes.

Disbursements are limited to **\$7,500 a year to individuals.**

Name of Organization; _____

Address: _____

Number/ street name

PO Box

City

State

Zip

Telephone Number: () _____

Authorized Contact Person: _____

Address/ Telephone of Contact Person _____

Number/Street

Town

State

Zip

Telephone Number

Is this organization exempt from payment of federal income tax?

YES _____ NO _____

If yes, please attach a copy of Internal Revenue Service Form 501 (c) 3.

Is this organization receiving or requesting any other form of assistance or aid for this requested grant? YES _____ NO _____

If yes, please list:

If grant is for an item to be purchased, please name the vendor:

Name of Vendor

Address

Town

State

Zip

Amount of Fund Requested: \$ _____

Please write in detail your reason for applying for this grant. Tell us about your situation and why you are requesting this money. Give specific details for use of the funds. (Attach additional sheets if necessary.)

Please list three references:

1. _____
Name Telephone

Address Town State Zip

2. _____
Name Telephone

Address Town State Zip

3. _____
Name Telephone

Address Town State Zip

Please attach a copy of your budget for the current year.

Please attach a copy of your most recent bank statement.