



# OPERATION ROUND UP

in care of  
**Kankakee  
Valley REMC**

O 800-552-2622 x. 327  
E [ASteeb@kvremc.com](mailto:ASteeb@kvremc.com)  
W [KVREMC.com](http://KVREMC.com)

## DONATION APPLICATION

for ORGANIZATION/AGENCY

Name of Organization/Agency \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### IMPORTANT INFORMATION TO INCLUDE WITH YOUR SUBMISSION

Please confirm by checking each box that the following documents are included with your application submission. Without the requested items, your application is incomplete and will be denied funding.

- Copy of your organizations IRS Form 501c3
- A copy of the most recent income statement and balance statement for your organization.
- Explanation of the history of your organization.
- Fund sheet identifying how the requested amount would be used by your organization.
- Invoices / quotes for the items you wish to purchase if awarded a grant

Please describe the geographic area that you serve \_\_\_\_\_

### PLEASE CONTINUE ON THE BACK OF THIS FORM

The information contained in this statement is for the purpose of obtaining funding from the Kankakee Valley REMC operation Roundup Trust (herein referred to as "Trust") on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding whether or not to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the "Trust" may consider this statement as continuing to be true and correct until a written notice of a change is provided. The "Trust" is authorized to make all inquires it deems necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
Signature of representative for \_\_\_\_\_  
Name of organization

\_\_\_\_\_  
Printed name of representative Dated \_\_\_\_\_

The amount requested \$ \_\_\_\_\_ How funds will be used (please provide an itemized list)

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State the purpose of the Organization's/Agency's request \_\_\_\_\_

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List other sources of funding for use of request as described above \_\_\_\_\_

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**If you are an organization, please list your Board of Directors or Officers.**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Position within the organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Name \_\_\_\_\_ Phone number \_\_\_\_\_

Position within the organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Name \_\_\_\_\_ Phone number \_\_\_\_\_

Position within the organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



Please submit applications to Amanda Steeb  
[ASteeb@kvremc.com](mailto:ASteeb@kvremc.com)  
Kankakee Valley REMC, PO Box 157, Wanatah, IN 46390