



Operation Round Up

In care of **Kankakee Valley REMC**

PO Box 157 – 8642 W. US Hwy 30 – Wanatah IN 46390 - 0157

(219) 733-2511 (800) 552-2622 Fax (219) 733-2991

Website: www.kvremc.com E-Mail: asteeb@kvremc.com

Donation Application For Organization / Agency

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

E-mail: _____ Other: _____

Contact Person: _____

Is the organization requesting funding exempt from payment of income tax? () No
If yes, a copy of the IRS Form 501[c]3 must be attached. () Yes

A copy of financial income and balance statements for the most previous year should be provided.
Please know we are interested in the general publicly disclosed statements, not your detailed information.

A copy of the most recent income statement is attached. () Yes

A copy of the most recent balance statement is attached. () Yes

Have you applied for an Operation Roundup Grant within the last 2 years? () Yes () No

Are you willing to make a short presentation to the Operation Roundup Board if needed? () Yes () No

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 inquiries it deems necessary to verify the accuracy of the statements made herein.

Signature of representative _____ for _____ Name of organization

Representative name printed _____ Dated ____/____/____

The amount requested: \$ _____ How funds will be used: _____

State the purpose of the Organization's/Agency's request: _____

List other sources of funding for use of request as described above: _____

Please attach a sheet explaining the history of your organization.
Please attach a Funds Sheet, identifying how the requested amount would be used in funding your organizations request.

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

Name

Address City State Zip Phone

Name

Address City State Zip Phone

Name

Address City State Zip Phone