

## **QUESTIONS:**

P: 903 455 1715

E: Mspurrier@farmerselectric.coop

## **EMAIL OR FAX THIS FORM TO:**

E: Mspurrier@farmerselectric.coop F: 903 453 0654

## OR MAIL THIS FORM TO:

Farmers Electric Cooperative Charitable Foundation 2000 Interstate 30 East Greenville, TX 75402

# **APPLICATION FOR FUNDING**

DIRECTIONS: PLEASE COMPLETE THE APPLICATION AND RETURN WITH SUPPORTING DOCUMENTATION. YOU MAY RETURN YOUR FORM BY EMAIL, FAX, OR MAIL TO THE ADDRESSES ABOVE.

IF YOU NEED ASSISTANCE, PLEASE CONTACT MAGGIE SPURRIER, ADMINISTRATIVE ASSISTANT, AT 903 453 0554.

ORGANIZATION INFORMATION									
Member Name (Last, First, Middle):									
Street Address:	Apt/Suite: City: State: Zip:								
Day Time Phone (Area Code):  Name and Title of Contact Person  Name and Title of Contact Person	Email Address:								
Is the organization exempt from payment of income tax? YES NO If "Yes," please attach a copy of your 501(c)(3) letter from the Internal Revenue Service.									
Please provide your financial statement for the most recent year.									
Number of individuals, families, or groups in the Farmers EC service area your organization assisted last year?  (Farmers EC serves parts of eastern Dallas, Collin, Rockwall, Hunt, Kaufman, Rains, Hopkins, Delta, Franklin, Fannin, Van Zandt and Wood counties.)									
Does your organization serve locations outside the Farmers EC service area?	YES NO If so, where?								
Amount Requested:									
State the purpose of your organization's funding request and details of how the funds will be used.									
Please list other sources of funding for the purpose(s) described above.									
How are your organization's programs measured for effectiveness?									

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FORM REV 20180131 YOU'RE IN POWER.



# **APPLICATION FOR FUNDING**

ORGANIZATION INFORMATION CONTINUED								
DIRECTIONS: PLEASE LIST THREE REFERENCES WHO ARE NOT DIRECTORS OR EMPLOYEES OF FARMERS ELECTRIC COOPERATIVE OR THE FARMERS ELECTRIC CHARITABLE FOUNDATION.								
Contact Name:	Daytime	e Phone (Area Code —	3):	Email Address:				
Street Address:		Apt/Suite:	City:		State:	Zip:		
Contact Name:	Daytime	e Phone (Area Code —	3):	Email Address:				
Street Address:		Apt/Suite:	City:		State:	Zip:		
Contact Name:	Daytime	e Phone (Area Code —	3):	Email Address:				
Street Address:		Apt/Suite:	City:		State:	Zip:		
THE INFORMATION CONTAINED IN THIS APPLICATION IS FOR THE PURPOSE OF OBTAINING FUNDING FROM THE FARMERS ELECTRIC CHARITABLE FOUNDATION, ON BEHALF OF THE UNDERSIGNED. THE UNDERSIGNED UNDERSTANDS THAT THE INFORMATION PROVIDED HEREIN IS USED IN DECISIONS TO GRANT OR DENY FUNDING, AND EACH UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT THE FARMERS ELECTRIC CHARITABLE FOUNDATION MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL WRITTEN NOTICE OF ANY CHANGES IS PROVIDED. THE FARMERS ELECTRIC CHARITABLE FOUNDATION IS AUTHORIZED TO MAKE ALL INQUIRIES AS IT DEEMS NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN BY THE APPLICANT OR BY REFERENCES.								
Signature of Authorized Representative								
Printed Name:								
Title:								
Date:								

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