

# 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):

Mailing Address:

State:

Zip:

Day Time Phone (Area Code):

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Name and Title of Contact Person

Email Address:

Is the organization exempt from payment of income tax? 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 did your organization assist 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? 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?

## 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 Phone (Area Code):	Email Address:
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>

Mailing Address:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Name:	Daytime Phone (Area Code):	Email Address:
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>

Mailing Address:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Name:	Daytime Phone (Area Code):	Email Address:
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>

Mailing Address:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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: