

Noble REMC

PO Box 137 – 300 Weber Road
Albion IN 46701
800-933-7362
nobleremc.com
oru@nobleremc.com

Operation Round Up Trust Application

A one-page cover letter must accompany this application.

Please use this letter to include amount requested and specifics of how the funds will be used, goal of project(s) and a brief description of your entity and its mission.

Name of Organization: _____

Address: _____
Street or PO Box

City State Zip Code

Phone Number: _____ Email: _____

Contact Person: _____
Name Title

Address Phone Number

Is organization requesting funds exempt from payment of income tax under section 501c3 of the Internal Revenue Code? Yes No

***** Written documentation of this AND your Federal I.D. Number (EIN) MUST BE INCLUDED ~ NOT state merchant number**

OR

Is applicant an educational institution or municipal entity? Yes No

***** Your Federal I.D. Number (EIN) MUST BE INCLUDED ~ NOT state merchant number**

Give a **description** below of the request & **amount desired** ~ Maximum \$5,000
(Please fully explain the request in a separate cover letter that must be included with this application)
Attach any quotes, if applicable, to support your request

List your Board of Directors, Officers or Trustees & their phone numbers:

_____	_____
_____	_____
_____	_____
_____	_____

List other sources where you have applied for funding for the described request:

Please list two (2) references *(cannot be a Noble REMC Director or Employee or a Trustee of Noble REMC Operation Round Up Trust)*:

_____		_____	
Name		Phone	

Address	City	State	Zip Code
_____		_____	
Name		Phone	

Address	City	State	Zip Code

Financial Record of the Organization:

*Please attach the most current financial statement (year to date) for your organization.
If a financial statement is not available, please complete A-C below.*

A. Source of funds in the last 12 months:

B. Expenditures in the last 12 months: Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. Other assets available currently (*endowment, reserve or other funds*): Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of full-time paid employees: _____

Will this grant involve hiring additional employees? Yes No
If so, how many additional? _____

Is this organization affiliated with any religious organizations? Yes No

Previous grants received from Noble REMC Operation Round Up Trust in past two (2) years:

Amount: _____ Month/Year: _____

Amount: _____ Month/Year: _____

**** The Noble REMC Operation Round Up Board requests that an organization not apply within one year of a previous grant request.*

A final report of the use of the grant is required to be filed with the Noble REMC Operation Round Up Trust at the completion of the project.

The report will be sent (date): _____.

The information contained in this statement is for the purpose of obtaining funding from the Noble REMC Operation Round Up Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding and each undersigned represents and warrants that the information provided is true and complete and that the Noble REMC Operation Round Up Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Noble REMC Operation Round Up Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. It is understood that all information herein will be kept in the strictest of confidence by the Noble REMC Operation Round Up Trust Board of Trustees.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE

PLEASE SUBMIT ONE UNBOUND COPY TO:

**Noble REMC Operation Round Up
PO Box 137
Albion IN 46701**

or

oru@nobleremc.com

Questions: call Operation Round Up Board Chairman Kevin Dreibelbis at 800-933-7362.

Note: The distribution of Noble REMC Operation Round Up grants is made through the Noble County Community Foundation where our funds are held.