

OPERATION ROUND UP
SIREC COMMUNITY TRUST, INC.
PO Box 219 – 1776 10TH Street
Tell City, IN 47586
(812) 547-2316
(800) 323-2316
sinpwr.com

APPLICATION FOR ORGANIZATION/AGENCY

A one-page cover letter must accompany this application. Please use this letter to include amount requested and specifics of how funds will be used, emphasizing how the funds would be used locally.

Name of Organization: _____

Address: _____
Street or Post Office Box

_____ City State Zip Code

Phone Number: _____

Contact Person: _____
Name Title

_____ Address Phone Number

Is Organization requesting funding exempt from payment of income tax:

Yes ___ No ___ If yes, copy of letter (Form 501 {c}3) from the Internal Revenue Service must be attached

A copy of financial statement(s) for most previous year should be provided.

Number of individuals, families, or groups served in Perry, Spencer, Dubois or Warrick Counties in the last year: _____

State purpose of Organization/Agency request, including amount requested.

List your Board of Directors, Officers or Trustees:

NAME	PHONE NO.	OPERATION		Southern				
		ROUND UP	PARTICIPANT	Indiana Power	MEMBER			
_____	_____	Y	YES	N	NO	Y	YES	N
_____	_____	Y	YES	N	NO	Y	YES	N
_____	_____	Y	YES	N	NO	Y	YES	N
_____	_____	Y	YES	N	NO	Y	YES	N
_____	_____	Y	YES	N	NO	Y	YES	N

List other sources where you have applied for funding for the previously-described purpose:

Please list two (2) references (may not be a Southern Indiana Power Director or Employee or a Trustee of SIREC Community Trust, Inc.)

Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code

A final report of the use of the grant is required to be filed with the SIREC Community Trust, Inc. 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 SIREC Community Trust, Inc. 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 SIREC Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The SIREC Community Trust, Inc. 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 SIREC Community Trust, Inc. Board of Trustees.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE

PLEASE SUBMIT 7 COPIES ALONG WITH THE ORIGINAL APPLICATION.

This application will be kept on file six (6) months before being returned to applicator.

Financial Record of the Organization (attach additional pages if necessary):

Source of funds in previous years: _____

Expenditures for current year (itemize briefly): _____ Amount: _____

Other sources of funds for current year: _____ Amount: _____

Other assets available for current year (endowment, reserve or other funds): _____ Amount: _____

Is this organization a United Way Agency? Yes ____ No ____
Is this organization affiliated with any religious organizations? Yes ____ No ____

Have you applied for or do you contemplate applying for State or Federal Funds?
If yes, please explain fully, including amounts which may be available from those sources:

Previous grants received from the SIREC Community Trust, Inc.
(indicate date): _____ Amount: _____

Date the funds from this grant, if awarded, would be needed: _____ Amount: _____
