

MIDWEST ELECTRIC COMMUNITY CONNECTION FUND, INC.
06029 COUNTY ROAD 33A | SAINT MARYS, OH 45885
(419) 394-4110 | www.midwestrec.com/community-connection-fund

**APPLICATION FOR DONATION
FOR ORGANIZATION**

The Fund board meets quarterly. Typically, meetings are the third Tuesday of January, April, July, and October. Applicants do NOT attend the meeting. To have your application considered at the next meeting, please submit the completed application by the middle of the prior month. For example, for the July meeting you would need to submit your application by mid-June.

PLEASE NOTE: Not more than one award per applicant per calendar year.

1. Name of Organization: _____

2. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

3. Phone#: _____

Daytime

Evening

Best Time to Reach

4. Contact Person: _____

Name

Title

5. E-mail _____

Website _____

6. Amount Requested: _____

7. Use of Funds: (Use additional sheets, if necessary)

7A. When is the project expected to start _____ Completion _____

7B. What if you don't receive the entire amount request from us:

8. State type of organization, ownership, non- or for- profit, and tax status. If exempt from payment of income taxes, please attach form 501 [c]3 letter from Internal Revenue Service.

9. Please include a copy of financial statements, including sources of income, for two previous years. Also provide a copy of your organization's by-laws.

10. Is your organization/agency receiving or requesting any other form of assistance or aid for above stated request (donation, grants, etc.)? _____ Yes _____ No
If yes, please list:

11. Number of individuals, families, or groups your organization currently serves, by county in the Midwest Electric, Inc. service area. (The Midwest Electric, Inc. service area is defined as being Allen, Auglaize, Mercer, Van Wert, southern Putnam, northern Shelby and northern Darke Counties.)

12. Number and location of individuals, families, or groups your organization serves outside the Midwest Electric, Inc. service area.

13. Will these funds be used to support any candidate for public office or any political purpose? _____ Yes _____ No
If Yes, Explain.

14. How are your agency's programs measured for effectiveness?

15. Please list three references (May not be a trustee or employee of Midwest Electric, Inc. or the Midwest Electric Community Connection Fund, Inc.)

Name *Phone*

Address *City* *State* *Zip Code*

Name *Phone*

Address *City* *State* *Zip Code*

Name *Phone*

Address *City* *State* *Zip Code*

I represent that I am authorized by the named organization to make this application on its behalf and to make the assertions in this certification and to bind the organization accordingly. The information contained in this statement is for the purpose of obtaining funding from the Midwest Electric Community Connection Fund on behalf of the named organization. The undersigned understands that the information provided herein is used in deciding to grant funding and represents and warrants that the information provided is true and complete and that the Midwest Electric Community Connection Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Midwest Electric Community Connection Fund is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein. I understand that these funds will not be used to support any candidate for public office or any political purpose. I understand that the Midwest Electric Community Connection Fund has the right to fully audit the use of the donation at any time. I also understand that Midwest Electric Community Connection Fund and Midwest Electric, Inc. may use this application, if approved, for publicity and promotional purposes.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

TITLE

DATE