

1399 Business Park Dr. S. P.O. Box 190 • North Baltimore, OH 45872 • 800-445-4840 • CommunityTrustFund@hwe.coop • www.hwe.coop

ORGANIZATION GRANT APPLICATION (page one of two)

| Have you read the "Introduction Letter and Instructions"? | | | No | | | | | |
|--|-----------------------------|-------------|---|--|--|--|--|--|
| Is your request in need of immedia | Yes | No | | | | | | |
| Date of Application: | | | | | | | | |
| Legal Name of Organization: | | | | | | | | |
| Employer Identification Number: | | | | | | | | |
| Address: | | | | | | | | |
| City: | State: | | Zip Code: | | | | | |
| Website: | | | | | | | | |
| Contact person: | | | | | | | | |
| Phone at Work: | Cell: | | Fax: | | | | | |
| Email address: | | | | | | | | |
| How many individuals have you served in the following cou AllenNo. served: HenryNo. served: ErieNo. served: PutnamNo. served: HancockNo. served: SanduskyNo. served: HardinNo. served: SenecaNo. served: | | | hin the last year? WoodNo. served: WyandotNo. served: | | | | | |
| Project Name: | | Amount | t Requested: | | | | | |
| Start date of program/project: | | _ End date: | | | | | | |
| Will the program/project still occu | ır if you do not receive fu | nding? | Yes No | | | | | |
| Will the program/project still occur if you receive partial fun | | | Yes No | | | | | |
| If yes, where will the difference be found? | | | | | | | | |
| Will these funds be used to support any political purpose? Yes No | | | | | | | | |

A one-page maximum narrative on <u>each</u> of the following must be included with this application:

- Description and purpose of the organization(s)
- Description of the project (what, when, where and how)
- Project goals and plans for measuring success
- Estimate of total project cost, the amount requested and an indicator of financial need (if applicable, identify and list the status of other funding sources for this project)



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ORGANIZATION GRANT APPLICATION (page two of two)

Is the following required documentation included with your application?

| An IRS Tax exemption letter or tax exemption ce | Yes | No | N/A | | | | | | | |
|---|-------|----|-----|--|--|--|--|--|--|--|
| One written estimate for requests under \$1,000 | Yes | No | N/A | | | | | | | |
| Two written estimates for requests \$1,000 or mor | e Yes | No | N/A | | | | | | | |
| Three letters of recommendation from supporters <u>outside of the organization</u> (including their name, association to the organization, phone number and email address) Yes No N/A | | | | | | | | | | |

For requests more than \$3,000, a current income statement or balance sheet Yes No N/A

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 HWE COMMUNITY TRUST FUND, 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 HWE COMMUNITY TRUST FUND, INC. may consider this statement as continuing to be true and correct until a written notice of a change is provided. HWE COMMUNITY TRUST FUND, INC. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

I understand that the HWE COMMUNITY TRUST FUND, INC has the right to fully audit the use of this donation at any time. I also understand that HWE COMMUNITY TRUST FUND, INC and HANCOCK-WOOD ELECTRIC COOPERATIVE may use this application, if approved, for publicity and promotional purposes.

Signature of applicant

Printed Name

Completed applications may be emailed to <u>CommunityTrustFund@HWE.coop</u> or mailed to:

HWE Community Trust Fund c/o Hancock-Wood Electric Cooperative 1399 Business Park Dr. S. P.O. Box 190 North Baltimore, Ohio 45872