



P.O. Box 129 • Rensselaer, IN 47978 • 219-866-4601

*A program of the Jasper County REMC Community Fund, Inc.*

## **JASPER COUNTY REMC COMMUNITY FUND, INC.**

### **2017 APPLICATION GUIDELINES**

#### ***INDIVIDUAL AND/OR FAMILY***

The role of the Trustees of the Jasper County REMC Community Fund, Inc. is to make the best use of the funds entrusted to us to support activities and needs within the Jasper County REMC service territory and to be sure that whatever gifts we make are handled wisely.

Because we want to be helpful to as many organizations and individuals as possible, we encourage you to seek funding from more than just Jasper County REMC Community Fund, Inc. We will not penalize you for doing that.

Once the request is received, that request will go to the Trust Board. The board is free to support, or deny any request. Once the board has approved a request, a check will be written.

The Jasper County REMC Community Fund, Inc. granting periods are as follows:

#### **First Quarter**

March 1                      Applications available  
April 3                      Deadline for applications  
3<sup>rd</sup> Wednesday in April   Board reviews requests

#### **Third Quarter**

September 1              Applications available  
October 3                  Deadline for applications  
3<sup>rd</sup> Wednesday in Oct.   Board reviews requests

#### **Second Quarter**

June 1                      Applications available  
July 3                      Deadline for applications  
4<sup>th</sup> Wednesday in July   Board reviews requests

#### **Fourth Quarter**

December 1                Applications available  
January 2, 2018          Deadline for applications  
3<sup>rd</sup> Wednesday in Jan.   Board reviews requests

In submitting application for consideration of funds, the following procedures must be followed:

- Application must be submitted to the Jasper County REMC office in a sealed envelope marked "Confidential – Jasper County REMC Community Fund, Inc. to the attention of CEO & General Bryan Washburn.
- **TEN COPIES OF THE APPLICATION MUST BE SUBMITTED. DO NOT USE PAPER CLIPS.**
- A contact person must be indicated should there be questions regarding the request.

Questions regarding the application or process can be directed to Member Services at the Jasper County REMC office between 8:00 a.m. and 5:00 p.m. Monday - Friday. Our phone number is: (219) 866-4601 or (888) 866-REMC, e-mail address: [jasperremc@jasperremc.com](mailto:jasperremc@jasperremc.com).

**If not selected, candidates must re-apply each quarter for consideration.**

**JASPER COUNTY REMC COMMUNITY FUND, INC.**

PO Box 129 · Rensselaer, IN 47978  
(219) 866-4601 · (888) 866-REMC · Fax (219) 866-2199  
[www.jasperremc.com](http://www.jasperremc.com)

**2017 APPLICATION FOR DONATION  
INDIVIDUAL AND/OR FAMILY**

Name \_\_\_\_\_

Other Members of Household:

Last Name	First	Middle	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address \_\_\_\_\_

Street or Post Office Box

\_\_\_\_\_

City or Town

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Phone Number \_\_\_\_\_ EXT \_\_\_\_\_

Home

Work

Email \_\_\_\_\_

Employers of those listed above:

\_\_\_\_\_  
Name Company/Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Company/Individual

\_\_\_\_\_  
Address

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Name	Company/Individual
	Address
Name	Company/Individual
	Address
Name	Company/Individual
	Address
Name	Company/Individual

Reason for Request for Donation \_\_\_\_\_

Amount of Donation Requested \$ \_\_\_\_\_

**Name to be used on Operation Round Up check** \_\_\_\_\_

Specific Use of Funds: \_\_\_\_\_

\_\_\_\_\_

Is individual or family receiving any other form of assistance or aid for the above stated request (donation, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Statement of Financial Condition as of \_\_\_\_\_, 20\_\_\_\_\_

**ASSETS**

**Cash**

\_\_\_\_\_  
Institution Account No.

\$ \_\_\_\_\_

\_\_\_\_\_  
Institution Account No.

\$ \_\_\_\_\_

\_\_\_\_\_  
Institution Account No.

\$ \_\_\_\_\_

**Real Estate**

\_\_\_\_\_  
Partial/Wholly Owned County

\$ \_\_\_\_\_  
Market Value

\_\_\_\_\_  
Partial/Wholly Owned County

\$ \_\_\_\_\_  
Market Value

**Other**

\_\_\_\_\_  
Description I.D. No.

\$ \_\_\_\_\_  
Value

\_\_\_\_\_  
Description I.D. No.

\$ \_\_\_\_\_  
Value

\_\_\_\_\_  
Description I.D. No.

\$ \_\_\_\_\_  
Value

TOTAL ASSETS

\$ \_\_\_\_\_

**LIABILITIES**

**Loans**

\_\_\_\_\_  
Lender's Name

\$ \_\_\_\_\_

\_\_\_\_\_  
Lender's Name

\$ \_\_\_\_\_

\_\_\_\_\_  
Lender's Name

\$ \_\_\_\_\_

\_\_\_\_\_  
Lender's Name

\$ \_\_\_\_\_

**AMOUNTS**

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

<b>Mortgage</b>	_____	\$ _____
	<b>Mortgagor's Name</b>	
	_____	\$ _____
	<b>Mortgagor's Name</b>	
<b>Other Debt</b>	_____	\$ _____
	Type	
	_____	\$ _____
	Type	
	_____	\$ _____
	Type	
<b>TOTAL LIABILITIES</b>		\$ _____

**MONTHLY EXPENSES**

**AMOUNTS**

<b>Housing</b>	Mortgage _____	Rent _____	\$ _____
	Food		\$ _____
	Utilities	Electricity	\$ _____
		Gas	\$ _____
		Telephone	\$ _____
<b>Transportation</b>	Automobile Payment # 1 Vehicle		\$ _____
	Automobile Payment # 2 Vehicle		\$ _____
	Gasoline		\$ _____
	Repairs		\$ _____
<b>Insurance</b>	Medical		\$ _____
	Life		\$ _____
	Automobile		\$ _____
<b>Medical</b>	Doctors		\$ _____
	Hospital		\$ _____
	Medication		\$ _____
<b>Charge Accounts</b>	_____		\$ _____
	Type of Card		
	_____		\$ _____
	Type of Card		
	_____		\$ _____
	Type of Card		
	_____		\$ _____

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

<b>Loans</b>	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
<b>Taxes (Specify)</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>Other Expenses (Specify)</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>		\$ _____

**SOURCES OF MONTHLY INCOME**

		<b><u>Amounts</u></b>
<b>Salary</b>	_____	\$ _____
	Employer's Name	
	_____	\$ _____
	Employer's Name	
	_____	\$ _____
	Employer's Name	
<b>Bonus, Tips &amp; Commissions</b>	_____	\$ _____
<b>Dividends &amp; Interest</b>	_____	\$ _____
	_____	\$ _____
<b>Real Estate Income</b>	_____	\$ _____
	_____	\$ _____
<b>Farm Income</b>	_____	\$ _____
	_____	\$ _____

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Other Income (Please state type: alimony, child support, social security, disability, etc.):

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	

TOTAL SOURCES OF MONTHLY INCOME \$ \_\_\_\_\_

Please list three (3) references (may not be an employee or director of Jasper County REMC or a trustee of the Jasper County REMC Community Fund, Inc.):

_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip
_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip
_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip

The information contained in this statement is for the purpose of obtaining funding from the Jasper County Community 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 the Jasper County REMC Community Fund, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Jasper County REMC Community Fund, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

I understand in applying for funding that, if granted, it will be used for the sole purpose as stated in this application.

Further, I understand that if funding is received, I grant permission for its publication in the Jasper County REMC's monthly publication as well as any other publication Jasper County REMC deems appropriate.

Signature of Applicant/Recipient Signature of Spouse (if applicable) Date

For Trust Use Only: Approved \_\_\_\_\_ Date \_\_\_\_\_ Amount Approved \_\_\_\_\_ Declined \_\_\_\_\_ Date \_\_\_\_\_