



Name of Organization: _____

Address: _____
(Street or Post Office Box)

(City) (State) (Zip)

Contact Person: _____
(Name) (Title) (Phone Number)

Is your organization exempt from payment of income tax? ___ Yes ___ No
If yes, a copy of letter (Form 501(c)3) from the Internal Revenue Service must be attached.
What percent of your funding is made up from State or Federal donations? _____ %
A copy of financial statement(s) for most recent year should be provided.

Number of individuals, families or groups served by your organization in Northeastern REMC's area in the last year:

Does agency serve outside the Northeastern REMC area: ___ Yes ___ No
If yes, please provide information on number of people or households served and location: _____

State purpose of organization's/agency's request (include amount requested and specifics of how funds will be used):

List other sources of funding for use of request as described in the above: _____

How are your organization's programs measured for effectiveness? _____

Please list three references:

(Name)

(Phone Number)

(Address)

(City)

(State)

(Zip)

(Name)

(Phone Number)

(Address)

(City)

(State)

(Zip)

(Name)

(Phone Number)

(Address)

(City)

(State)

(Zip)

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

(Name of Organization)

(Signature of Representative)

(Date)