



P.O. Box 250 • Plymouth, IN 46563 • 574-936-3161 • www.marshallremc.com
A Program of the Marshall County REMC

Disaster Relief and Emergency Hardship Grant Application

The purpose of the Operation Round Up® Fund is the accumulation and disbursement of funds for charitable purposes in the service area of Marshall County Rural Electric Membership Corporation.

The role of the Operation Round Up® Board of Directors is to make the best use of the funds entrusted to us to support activities within the Marshall County REMC service territory.

Once we have received a request, it will go to the Board of Directors for review. The Board is free to support, question, or deny any request. Once the Board has approved a request, a check will be written to the organization.

APPLICATION GUIDELINES

- Applications must be submitted to the Marshall County REMC office in a sealed envelope marked "Confidential-Operation Round Up®." to the attention of Communications Specialist, Emily Howard.
- **EIGHT stapled copies of the application must be submitted.**
- A contact person must be indicated should there be questions regarding the request for funds.

Questions regarding the application or process can be directed to Emily Howard, Communications Specialist at the Marshall County REMC office between 8:00 a.m. and 5:00 p.m. Monday-Friday. Our phone number is 574-936-3161 or email ehoward@marshallremc.com. **Your application is not a commitment to fund your request for assistance.**

Granting periods are as follows:

First Quarter

March 1 Application available
 April 2 Deadline for application
 4th Tues. in April Board reviews requests

Second Quarter

June 1 Application available
 July 2 Deadline for Application
 4th Tues. in July Board reviews requests

Third Quarter

September 1 Application available
 October 2 Deadline for Application
 4th Tues. in October Board reviews requests

Fourth Quarter

December 1 Application available
 January 2 Deadline for Application
 4th Tues. in January Board reviews requests

APPLICATION FOR DONATION

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Fax: _____

Email: _____ Federal ID#: _____

Contact Person: _____ Title: _____ Phone: _____

Name, relationships and DOB of all individuals living in the household: _____

List Sources of Income (source and amount): _____

State description of need (please include contributing medical factors): _____

Assistance provided by any other agencies: _____

Financial amount requested: _____ Date funds are needed: _____

Physician: _____ Phone number: _____

Referred by: _____ Phone number: _____

Additional Comments:

The information contained in this statement is for the purpose of obtaining funding from Operation Round Up® on behalf of the undersigned. Undersigned recognizes that the information provided herein is used in deciding grant funding and undersigned represents and warrants that the information provided is true and complete and that the board of directors 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.

NAME

SIGNATURE

DATE

FOR OFFICE USE ONLY

Operation Round Up® Board of Directors Recommendation:

Recommendation Action: Accept Partial Funding Deny Amount: _____

Explanation: _____

Date: _____ Signature: _____