



P.O. Box 250 • Plymouth, IN 46563 • 574-936-3161 • [www.marshallremc.com](http://www.marshallremc.com)

*A Program of the Marshall County REMC Community Fund*

## OPERATION ROUND UP® 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, Inc.

If your organization has funds to complete this project without our assistance, we assume you will fund it yourselves. The requested financial information on the form is to help us understand the priorities and financial health of your organization.

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-Marshall County REMC-Operation Round Up®” to the attention of Communications Specialist, Emily Howard.
- **Eight stapled copies of 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](mailto:ehoward@marshallremc.com).

#### First Quarter

March 1                      Application available  
 April 1                      Deadline for application  
 4<sup>th</sup> Tues. in April        Board reviews requests

#### Second Quarter

June 1                      Application available  
 July 1                      Deadline for Application  
 4<sup>th</sup> Tues. in July        Board reviews requests

#### Third Quarter

September 1              Application available  
 October 7                  Deadline for Application  
 4<sup>th</sup> Tues. in October    Board reviews requests

#### Fourth Quarter

December 1                Application available  
 January 1                  Deadline for Application  
 4<sup>th</sup> Tues. in January    Board reviews requests

Name of Organization/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact's Email: \_\_\_\_\_ After hours contact number: \_\_\_\_\_

Is Organization/Applicant requesting funding exempt from payment of income tax under section 501[c][3] of the IRS Code? Yes \_\_\_\_\_ No \_\_\_\_\_

State purpose of organization/agency: \_\_\_\_\_

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Please describe the nature of the project for which you are seeking funding:

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Who will benefit from this project? What need in Marshall County will be met?

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Amount requested: \_\_\_\_\_ Amount needed for project: \_\_\_\_\_

Brief summary of project budget:

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List other sources where you have applied for funding for the previously-described purpose (please include pending):

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Expenditures already incurred for project (itemize briefly):

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Please describe your project's timeline including when funds are needed, when project will start and when it will end.

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How will you measure whether your project was successful?

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If this project does not receive Operation Round Up® funding, how will you proceed with the project?

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If your organization received previous grant funding from the Marshall County REMC Operation Round Up® Fund, please list:

Date:	Description:	Amount:
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Additional Comments:

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The information contained in this statement is for the purpose of obtaining funding from the Operation Round Up® fund on behalf of the undersigned. Each undersigned recognizes that the information provided herein is used in deciding grant funding and each 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. I agree to complete and return a final progress report for the project in which the money was used within one year from initial date of grant award.

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NAME OF ORGANIZATION

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SIGNATURE OF REPRESENTATIVE

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SIGNATURE OF BOARD OFFICER

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DATE

For publicity purposes, my identity MAY or MAY NOT be revealed:

Yes \_\_\_\_\_ No \_\_\_\_\_ **(Please check one)**

Please attach the following:

1. A list of your Board of Directors, Officers or Trustees and their phone numbers.
2. A copy of the organization's 501 (c)(3) letter (not required if government agency or public school)
3. A statement of your yearly budget