



SCI Membership Community Fund, Inc.
ORGANIZATIONAL GRANT APPLICATION



The following are not eligible to receive funding:

- Political parties or any political purpose
- Activities or requests that lack solid community support
- Salaries and bill payments

NOTE: Funds granted are generally for capital projects and special programs.

TYPE OR PRINT ALL INFORMATION

Name of Organization: _____

Date Established: _____

Street Address: _____

City, State, Zip: _____ County: _____

Daytime Telephone: _____ email: _____

Contact Person: _____

Officers/Directors of the organization: _____

General objectives of the organization: _____

Briefly describe the project or program for which funding is being requested (attach additional page if necessary):

Grant amount requested: _____ If awarded, date the funds would be needed: _____

Other funding sources applied for this project:

Source	Amount
_____	_____
_____	_____
_____	_____

Sources of firm pledges and commitments to-date:

Source	Amount
_____	_____
_____	_____
_____	_____

Is this a new organization? Yes No
 Is this a new program within an established organization? Yes No
 Is this grant to supplement an established program? Yes No
 Does your organization have tax-exempt status under the section 501(c)(3) of the IRS Code? Yes No
 Are the persons receiving and/or dispensing funds bonded? Yes No
 If yes, state amount of bond(s). \$ _____

Financial Record of the Organization (attach additional pages if necessary)

Source of funds in previous years: _____

Expenditures - current year (itemize briefly):	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Other sources of funds for current year (Do you have an annual fundraiser?):	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Other assets available for current year (endowment, reserve or other funds):	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Number of full-time paid employees _____
 Will this grant involve additional employees? Yes No
 If yes, how many? _____

Is this organization a United Way Agency? Yes No

Is this organization affiliated with any religious organizations? Yes No

Have you applied for or do you contemplate applying for State or Federal Funds? Yes No

If yes, please explain fully, including amounts that may be available from those sources:

Previous grants received from the SCI Membership Community Fund, Inc.

Purpose	Date Awarded	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

If this will be a continuing project, explain in detail the source of funds for operation in subsequent years:

If the SCI Membership Community Fund, Inc., is unable to approve your request for funds, what alternatives do you have?

How do you plan to evaluate the success of your project/program?

Any other pertinent information, which would aid in the evaluation of your grant request:

For this application to be given consideration by the SCI Membership Community Fund, Inc., it must be signed by the organization's President and by the individual to whom future questions and correspondence may be addressed:

President/Chairperson Signature

Contact Person Signature

Printed Name

Printed Name

Date Signed

Date Signed

The following information MUST accompany this application:

- A one-page budget for the amount requested, with justifications
- A copy of the IRS letter confirming 501 (c)(3) status (if applicable)
- A copy of the most recent audited financial statements or annual report
- Current organizational budget (if not available please explain)
- Signed "Assurances and Certifications" form

Mail or deliver this application and support materials to:

SCI Membership Community Fund, Inc.
300 Morton Avenue
Martinsville, IN 46151

OR

Email all documents to:

OperationRoundUp@sciremc.com



SCI REMC Community Fund



Assurances and Certifications

By your authorized representative's signature, you assure us and certify to the South Central Indiana REMC Community Fund (Operation RoundUp®) that your organization will comply with all administrative requirements that govern the acceptance and use of grant funds.

In particular:

1. Grant recipients will give Operation RoundUp® the right to access and examine records and documents related to the grant administration and outcomes.
2. All awarded funds will be strictly applied to the implementation of the project goals and objectives as stated in the grant application. *If your agency is found negligent, you will be required to return the full award to Operation RoundUp®.*
3. Open communication is encouraged. In the event of your need for significant changes in the use of the grant, a request for change must be submitted in writing to the Operation RoundUp®. Grant alterations must be approved prior to implementation. (Operation RoundUp® trustees are happy to assist you if such challenges arise.) *If unapproved changes are made, funding will be suspended and all funds must be returned.*
4. (You are encouraged to turn in your Final Report form within 30 days of receiving the grant.) Grant recipients agree to fill out the Final Report form no later than six (6) months after receiving the grant.
5. Failure to meet these guidelines will result in the denial of future Operation RoundUp® grant requests.

I have read, understand, and will adhere to the above assurances that govern the application and use of funds. I further understand that any staff changes do not release our agency or organization of these responsibilities or release us from the SCI REMC Community Fund contract agreements.

Applying Organization

Date

Organization President/Chairperson Signature

Printed Name