



ROANOKE ELECTRIC CARE TRUST, INC.

P.O. Box 1326
Ahoskie, NC 27910
Phone: (252) 209-2236
www.roanokeelectric.com

APPLICATION FOR OPERATION ROUNDUP GRANT FOR ORGANIZATION/AGENCY

NOTE: If you have previously received a grant from February 2004 to the present, then you MUST submit an activity sheet detailing how you used the grant funds BEFORE you will be awarded any further grants from Roanoke Electric Care Trust, Inc. If you do not have an activity sheet, download at www.roanokeelectric.com or email your request to rphillips@roanokeelectric.com or call 252.209-2259.

Submit the following form by Friday, April 9, 2010 at 5 p.m.

NOTE: Do not bind, use staples, or put your application or financial reports in a portfolio. Use only paper clips to hold application/information together.
ALL APPLICATIONS MUST BE TYPED
NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED

1. Name of Organization:
2. Amount of grant requested:
3. Short summary of project/program you would like for RoundUp to fund:
4. Organization Address (include City, State, Zip Code, and Mailing address):
5. Organization Phone/Fax Number:
6. Organization Web-site Address:
7. Contact Person's Name:
8. Contact Person's Phone/Fax Number:
9. Contact Person's Email Address:
10. Has your organization received an Operation RoundUp grant(s) previously? If so, give date(s) of grant(s) received:
11. If your organization has received a grant since February 2004, have you submitted an activity sheet detailing how the grant money was used? If not, please attach to this application.

12. Is the organization requesting funding exempt from payment of income tax?

YES NO

- If yes, you must attach a copy of Form 501(c)3 letter or a letter indicating your non-profit status from the Internal Revenue Service.
- A copy of financial statements(s) from at least the previous two years must be provided. If your organization is less than two years old, you must provide most recent financial statements. You must provide a copy of your program's income and expenditures. **You MUST include these statements in order to be eligible. Do NOT send bank statements or income tax reports - these do not qualify as financial reports.**

13. Give the number of individuals, families, or groups that you estimate are served by your organization in Halifax, Northampton, Hertford, Bertie, Gates, Chowan or Perquimans counties in the last year.

14. Does your agency serve outside of the above listed counties? YES NO

If yes, please provide information on number served and in which counties.

15. a. State purpose/mission of this grant request (you may use another sheet if necessary).

b. How much money are you requesting for this grant?

Detail how the funds you have itemized on the Budgetary Items Form will be used. (you may use a separate sheet if necessary).

Will you accept partial funding?

If so, how will you find the rest of the money needed to make the project happen?

c. Explain how your organization and your proposal/project helps us fulfill the following mission statement (you may use a separate sheet if necessary):

Roanoke Electric Care Trust is a not-for-profit corporation designed to enhance economic infrastructure and job creation, promote service or charitable organizations, and meet emergency needs of individuals within the service area of Roanoke Electric Cooperative.

16. List other sources of funding for completion of the project as described in the above:

17. How are your agency's programs measured for effectiveness?

18. Please list three references and include email address, mailing address, and phone number.

1.

2.

3.

This information contained in this statement is for the purpose of obtaining funding from the Roanoke Electric Care Trust, 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 Roanoke Electric Care Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Roanoke Electric Care Trust, Inc. 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

Mail, fax, or email applications to:
Robin M. Phillips
Coordinator of PR & Communications
P.O. Box 1326
Ahoskie, NC 27910
Phone: (252) 209-2259
Fax: (209) 209-5043
rphillips@roanokeelectric.com

CHECKLIST:

- Have you filled out the forms completely and signed them?**
- Have you included proof of your 501(c)3 or non-profit status?**
- Have you provided financial statements for at least the past two years?**
- If your organization is less than two years old, have you provided the most recent statements?**

BUDGETARY ITEMS FORM

Line Items to be used in the project	Cost of Item
TOTAL	

