



Peace River Electric Cooperative, Inc.
 A Touchstone Energy® Cooperative
 www.precoco.coop
 1-800-282-3824 fax: 1-863-773-3737

Application for Organization/Agency



Incomplete applications will automatically be denied

APPLICATION & SUPPORTING DOCUMENTS MUST BE TYPED
Organizations may not submit an application more than three times within a 10 year period without express written permission from the Board

Organization Information

- Legal Name of Organization _____

- Mailing Address: _____

- 9-1-1 Address: _____

- Telephone: _____ Fax: _____ Email: _____

- Name/Title of Person submitting application: _____

- Direct Phone # _____ Date of application _____

- Is your organization an IRS 501(c) not-for-profit? Yes _____ No _____

- List number and classification of those served in the following counties during the previous fiscal year:

<u>County</u>	<u># Served</u>	<u>Classification (individual/family/group)</u>
Brevard	_____	_____
Hardee	_____	_____
Polk	_____	_____
Manatee	_____	_____
Desoto	_____	_____
Highlands	_____	_____
Hillsborough	_____	_____
Indian River	_____	_____
Osceola	_____	_____
Sarasota	_____	_____

- Does agency serve outside the counties listed above? Yes _____ No _____

If yes, please provide the following:

<u>County</u>	<u>Number served</u>	<u>Classification</u>
_____	_____	_____
_____	_____	_____

- How many employees do you have? _____

- From your last financial statement: What is the organization's annual payroll amount? \$ _____

- Have you ever received a grant from Peace River Electric Cooperative's Charitable Foundation?
 Yes _____ No _____ If yes, date of grant: _____ (Attach copy of previous application and grant)

- Approximately how many clients did you provide services to in the last calendar year? _____

Request

- Total estimated cost of project: \$ _____ Amount of your request: \$ _____

- Project Name: _____

- State purpose of organization's request: *(How funds will be used)* _____

- List individually other funding sources for this request. Include amounts and whether received, committed, or projected/pending:

Source #1 _____ Amount _____ Status _____

Source #2 _____ Amount _____ Status _____

Source # 3 _____ Amount _____ Status _____

- The following **MUST** accompany this application:

- Organization's Mission Statement or Statement of Purpose
- Project Description *(Specific – 1 page maximum)*
- Project Goals and Objectives *(Specific – 1 page maximum)*
- Explanation of how the funds will be used *(include cost estimates for contract work or equipment)*
- IRS 501(c) documentation – *if applicable*
- List of Board of Directors *(include addresses & phone numbers)*
- Latest Annual Report if available
- Audited financial statements *(last 2)*
- Budget & cash flow statements for the current year
- List of current funding sources
- Three letters of recommendation from Business Associates *(must be familiar with but not affiliated with the organization). These letters must be typed and signed – 1 page maximum.*

The information contained in this statement is for the purpose of obtaining funding from the Peace River Electric Cooperative Foundation, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used to consider the request for funding, and each undersigned represents and warrants that the information provided is true and complete and that the Peace River Electric Cooperative Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Peace River Electric Cooperative Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization

Representative Signature

Board Officer Signature

Date

Mail original and (13) 3-hole punched copies of completed application & related documents to:

Peace River Electric Cooperative Foundation, Inc.
Attn: Communications Department
PO Box 1310
Wauchula, FL 33873-1310

Operation Round Up provides assistance to organizations in five (5) needs areas. Please check all that apply to your request.

Food _____ Shelter _____ Medical _____ Clothing _____ Environmental _____

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