



**Henry County REMC
Operation Round-Up®**
P.O. Box D
New Castle, IN 47362



Grant Guidelines

Mission: To grant funds to organizations and agencies in the counties served by Henry County REMC exclusively for charitable purposes and community service projects.

Operation Round Up limits distribution of funds as follows:

1. Approved recipients **must have a 501(c)(3)** or be another permissible entity and provide **signed documentation** as evidence with the submission of the application.
2. Funds will be granted to an organization/agency **only once in any 12 month period**.
3. Funds will **not** be granted funds to organizations using the funds to influence legislation or any political campaign on behalf of any candidate for public office.
4. The **Itemization Request** must identify the specific items to be purchased, the cost per item (or the amount to be allotted per client) and the total amount requested. Documentation (quote, picture, etc.) of the items is **required**.
5. Funds are limited to purchasing tangibles and **cannot** be used for salary, labor, training, rent, utilities, software, shipping, freight, etc.
6. Funds must be used by the agency requesting the funds for the purpose as stated and cannot be redirected to another agency or used for other purposes without Operation Round Up Board approval.
7. The Operation Round Up Board will attempt to ensure that all areas of the Henry County REMC Service Area are assisted when grants are approved.

*Applications should describe the intent of the proposed project. Though **not limited** to the following, projects which have been granted funds can typically describe how one or more of the following has been addressed:*

- *Projects targeting populations with specific needs such as poverty, disabilities, people/families in crisis, the development of literacy skills or other humanitarian connections.*
- *Community Service Projects that enhance community safety, wellness, caring, culture, arts, environment, learning opportunities or other philanthropic missions.*

Criteria for Final Selection

1. Is this a 501(c)(3) organization?
2. Is there an explanation of the need for the program/project for which the grant is requested and does it meet with the Operation Round Up guidelines?
3. Is there adequate itemization and documentation for the requested amount?
4. Is it appropriate for Operation Round Up to make a grant for the requested purpose, or are there other more appropriate sources of potential funding?
5. Does the trust have adequate resources to effectively respond to this need?
6. Will it have a positive impact upon a community within the Henry County REMC service area?

Operation Round-Up Grant Application Deadlines

1st Monday in January

1st Monday in April

1st Monday in July

1st Monday in October



Application for Operation Round-Up® Grant



| | |
|---|--|
| Name of Organization: | |
| State a brief purpose of the organization: | |
| Contact Person and Title: | |
| Street Address and/or PO Box: | |
| City, State, Zip: | |
| Phone number: | |
| Fax number: | |
| Email: | |
| Have you attached a copy of a signed 501(c)(3) of the Internal Revenue Code? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, please do so, or hold the application until the document is available. (An Indiana Sales Tax Exemption Certificate is not acceptable.)</i> | |
| Total Amount Requested: | |
| Briefly describe the <u>specific project</u> for which funds are being requested: add pages as needed | |
| Specifically what is the population and approximately how many will be served with the funds being requested? | |
| Generally speaking, what type of item(s) is being requested? (examples: books, computer, name of equipment, supplies, furniture) Provide details on following pages. | |
| Deadline grant needed by: | |

The information contained in this statement is for the purpose of obtaining funding from Henry County REMC Operation Round up Trust on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding grant funding, warrants that the information provided is true and complete and that Henry County REMC Operation Round UP Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Henry County REMC Operation Round Up Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

| | | |
|-----------------------------|------------------------------------|-------------|
| <i>Name of Organization</i> | <i>Signature of Representative</i> | <i>Date</i> |
|-----------------------------|------------------------------------|-------------|

| | | | | |
|---------------------------------|-----------------------------------|-------|---------|----------|
| -----For Trust Use Only----- | | | | |
| <input type="checkbox"/> Denied | <input type="checkbox"/> Approved | Date: | Amount: | Comment: |

Supporting Information

1. **Is this request part of a larger project?** **yes** **no** If so, please explain.

2. **Do you have specific goals for this project?** **yes** **no** If so, please state.

3. **Do you have a method of measuring the effectiveness of this project?** **yes** **no** If so, please explain how the results will be reported to the Operation Round Up Board.

4. **Is your organization contributing to the project in terms of cash and/or in-kind/non-cash?** **yes** **no** If so, please provide the details of the contribution.

5. **Are funds being requested from other sources to assist with this project?** **yes** **no** If so, please explain and for how much.

6. **Do you have a Board of Directors?** **yes** **no** If so, please attach a list.

7. **Do you have an operating budget?** **yes** **no** If so, please provide the following information:
 - a. What are your annual operating expenses?

 - b. What is your annual fundraising income?

 - c. What are your annual fundraising expenses? (expressed in dollars or percent of operating expense)

8. **Are you audited annually?** **yes** **no** If so, explain:
 If no audit, do you have an alternative system for financial accountability? **yes** **no** If so explain:

9. **Do you have a backup plan to finance this project if you are not awarded these funds from Henry County REMC Operation Round Up?** **yes** **no** If so, please explain:

10. **Has your organization ever applied for an Operation Round-Up grant?** **yes** **no**
 If so, when?

11. **Has your organization ever applied for an Operation Round-Up grant under a different Name?** **yes** **no**

Itemization Request

| Quantity | Item Description <small>Attach copy of quote(s) or photo(s) with price information, required.</small> | Cost per item | Sub Total by Item |
|--------------------|---|----------------------|--------------------------|
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| Grand Total | | | |

Required: Attach 501(c)(3) IRS **SIGNED** Letter of Determination

Optional: Attach the following items as appropriate:

- Board of Directors List
- Copy of quote(s) or photo(s) with price information to support your request
- Any information you feel that would help describe/promote your project

Mail applications to:

Attn: Lara Sullivan
 Henry County REMC Operation Round Up
 P.O. Box D
 New Castle, IN 47362

Applications may also be e-mailed to:

lsullivan@hcremc.com

Please call Lara Sullivan at 800-248-8413 if you have any questions about the program. Thank you!