



FOUR COUNTY ELECTRIC CARE TRUST

Post Office Box 667, Burgaw, North Carolina 28425

READ THIS FIRST before completing application.

Instructions for Organizations/Charities

In order to apply, organizations must meet all of the following criteria:

- Organization must be established; current TRUST policy prohibits the funding of startup organizations.
- Organization must be non-profit.
- Organization must provide a need or service to members in the Four County service area.
- Organization must not have applied for funding within the past 12 months. (Organizations may apply annually but no sooner than a 12 month period, regardless of whether funding was awarded.)

The application must be completed in its entirety. Incomplete applications will not be considered.

The following items are not eligible for funding:

- Electric bills
- Salaries
- Startup Expenses

Funding Requests:

- If applying for assistance with building repairs or improvements, you will need to submit three (3) detailed bids from licensed contractors for the needed work and proof of ownership along with your application.
- If applying for assistance in purchasing items of necessity such as furniture, appliances, supplies, equipment, etc., you will need to submit three (3) conservative estimates for each requested item along with your application.
- If applying for assistance with an outstanding bill, taxes, etc., you will need to submit a copy of the bill or statement reflecting the name and address of the vendor and amount due along with your application.

IMPORTANT: Incomplete applications will not be considered. It is the applicant's sole responsibility to provide all of the necessary information prior to the designated deadline.

If you have questions regarding the application, feel free to contact the TRUST administrator at 1-888-368-7289 for assistance.

Date _____
Received _____

Application # _____

Four County Electric Care TRUST, Inc.
P. O. Box 667, Burgaw, North Carolina 28425
910-259-2171

Director _____

ORGANIZATION APPLICATION FOR TRUST FUNDING

1. Name of Organization/Charity: _____

2 Address: _____
Street and/or Post Office Box

City State Zip Code County

3. Contact Person: _____ Title: _____

4. Phone Number: Work _____ Home _____

5. Is your organization exempt from payment of income tax? _____ YES _____ NO

If yes, attach copy of 501{c} form from the Internal Revenue Service.

6. Attach copy of organization's mission statement.

7. Attach copy of most recent financial statement. (**Where your funding came from and how it was spent for at least one fiscal year.**)

8. Number of individuals, families, or groups served in Bladen, Duplin, Pender, and Sampson counties in the last year: _____

9. Does Organization serve outside of the above counties? _____ YES _____ NO

If YES, provide information on number served and location. _____

10. Amount Requested: \$ _____ Specific Use of Requested Funds: _____

11. Are you getting any other funding for specific use described above? _____

12. How are your organization's programs measured for effectiveness? _____

13. If grant is awarded, will organization agree to have use of funds verified? _____

14. List three (3) references. (May not be a director or employee of Four County EMC or the Four County Electric Care TRUST, or a relative.)

(1) Name: _____ Phone: _____
Address: _____

(2) Name: _____ Phone: _____
Address: _____

(3) Name: _____ Phone: _____
Address: _____

15. Have you applied for Operation RoundUp® funds from Four County Electric Care TRUST in the past?

Yes _____ No _____ If "Yes" give date(s): _____

The information contained in this application is for the purpose of obtaining funding from Four County Electric Care TRUST. I understand that the information provided will be used to decide whether or not to grant funding and by signing below I agree with the following:

1. The information provided in this application is true and complete and Four County Electric Care TRUST may consider these statements true and complete until a written notice of a change is provided.
2. Four County Electric Care TRUST has my permission to contact any financial institution, lender, or reference listed in this application to obtain additional information necessary to verify the accuracy of the statements made in this application.
3. The financial institutions, lenders, and references listed in this application have my permission to release to Four County Electric Care TRUST information necessary to verify the statements made in this application.
4. I have read the instructions attached to this application and understand my responsibilities as an applicant. I understand that failure to include any of the required information or submission of false statements will be cause for immediate refusal.

Name of Organization

Signature of Representative

Date

(Do Not Write in This Space—Office Use Only)

Previous Funding		
Date	Amount	Specific Reason