Caring Coop Neighbors

North Central Electric-Caring Coop Neighbors
1098 Highway E PO BOX 220
Milan, MO 63556 660-265-4404

PROFILE INFORMATION Date_____

Name of Organization: _____

Address:_____ Phone:_____

City, State, ZIP _____County:_____

Contact Person: _____ Title:_____

Has this organization ever applied for or received a Foundation grant before? ___Yes ____No

PROJECT DESCRIPTION

Project Title:
Project Start Date: Project End Date:
Grant amount requested:
What would this funding pay for/project purpose?
Number of people in the community who will potentially benefit from this project?
Geographic area to be served by project:
How will the project benefit the community or area?
Other revenue sources and/or demonstrated community support for the project:

If North Central Electric Caring Coop Neighbors were only able to fund a portion of the amount requested, would the project be able to proceed?

Financial Information

	Yes	No
Funds exempt from payment of income tax?	☐	☐
If yes, a copy of organization's 501(c)(3) must be attached	☐	☐

Is the organization's 501(c)(3) form attached to the application

Please provide a copy of the organization's financial statement(s) from the most recent year.

Is a copy of the financial statement(s) attached? ☐ ☐

The information contained in this statement is for the purpose of obtaining funding from North Central Electric Caring Coop Neighbors on behalf of the undersigned. Each undersigned understands that the information provided herein is used in the decision to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the North Central Electric Caring Coop Neighbors may consider this statement as continuing to be true and correct until a written notice of a change is provided. The North Central Caring Coop Neighbors is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

As a condition of receiving and accepting these grant funds, the undersigned agrees that all funds will be used for the project approved and as stated on the application. Any funds not used shall be returned to the North Central Electric Caring Coop Neighbors and as a grant from the North Central Electric Caring Coop Neighbors, this project should be completed and funds utilized within one year of this notification.

I agree to the terms stated above.

Name of Organization _____

Signature of Representative _____

Date:_____