



Tri-County Electric Charity Foundation Inc.
16894 US HWY 63 PO BOX 159
Lancaster, MO 63548 660-457-3733

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 Tri-County Electric Charity Foundation Inc. 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?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, a copy of organization's 501(c)(3) must be attached</i>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

The information contained in this statement is for the purpose of obtaining funding from Tri-County Electric Charity Foundation Inc. 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 Tri-County Electric Charity Foundation Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Tri-County Electric Charity Foundation Inc. 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 Tri-County Electric Charity Foundation, Inc. and as a grant from the Tri-County Electric Charity Foundation, Inc., 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: _____