

Firelands Electric People's Fund

Mission Statement

The mission of Firelands Electric People's Fund is the accumulation and disbursement of funds for charitable purposes in the Firelands Rural Electric Cooperative service area.

Payment of Funds

Funds must be made payable directly to the vendor or provider of services. The Fund cannot reimburse for items or services already purchased.

Awarded funds must be used within 60 days of the award date. Awards may be renewed for one additional 60-day period at the Board's discretion.

Contact Information

Please feel free to contact Shelley Magyar, People's Fund Coordinator, at 1-800-533-8658 or smagyar@firelandsec.com with any questions or concerns regarding the application process.

ORGANIZATION / AGENCY CHECKLIST

- _____ Filled out entire application
- _____ Specific details for #6 – Use of Funds – The board would like a detailed breakdown of the cost for what is being requested
- _____ Copy of IRS 501(c)3 letter, if applicable
- _____ Copies of your organization's financial statements for the previous two years
- _____ Copy of your organization's by-laws
- _____ Amount requested
- _____ Signed and dated

FIRELANDS ELECTRIC PEOPLE FUND
P.O. Box 32, 103 Industrial Drive
New London, OH 44851
1-800-533-8658

APPLICATION FOR DONATION
FOR ORGANIZATION / AGENCY

1. Name of Organization: _____

2. Address: _____

City	State	Zip
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3. Phone: _____ E-Mail _____

4. Contact Person: _____

Name	Title
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5. Amount Requested: _____

6. Use of Funds: _____

7. State type of organization, ownership, non-or-for profit tax status. If exempt from payment of income taxes, please attach form 501(c)3 letter from the IRS.

8. Please include a copy of financial statements, including sources of income, for the past two years. Also provide a copy of your organization's by-laws

9. Is your organization receiving or requesting any other form of assistance or aid for the above stated request? (donations, grants, etc.) _____Yes _____No
If yes please list:

10. Number of individuals, families, or groups your organization currently serves, by county, in the Firelands Electric Cooperative service areas. The service areas are defined as Huron, Ashland, Richland, and Lorain Counties.

11. Number and location of individuals, families, or groups your organization serves outside the Firelands Electric Cooperative service area.

12. Will these funds be used to support any candidate for public office or any political purpose? _____Yes _____No If yes please explain.

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

14. Please list three references (May not be a director or employee of Firelands Electric Cooperative or Firelands Electric People Fund.)

Name Phone

Address City State Zip

Name Phone

Address City State Zip

Name Phone

Address City State Zip

15. Additional Comments: _____

I represent that I am authorized by the named organization to make this application on its behalf and to make the assertions in this certification and to bind the organization accordingly. The information contained in this statement is for the purpose of obtaining funding from the Firelands Electric People Fund on behalf of the named organization. The undersigned understands that the information provided herein is used in deciding to grant funding, and represents and warrants that the information provided is true and complete and that the Firelands Electric People Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Firelands Electric People Fund is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein. I understand that these funds will not be used to support any candidate for public office or any political purpose. I understand that the Firelands Electric People Fund has the right to fully audit the use of this donation at any time. I also understand that the Firelands Electric People Fund and Firelands Electric Cooperative may use this application, if approved, for publicity and promotional purposes.

Name of Organization

Signature of Representative / Title

Date