



Operation Round Up
A community service program from
Heartland REMC

Grant Application

Organization Profile:

Applicant Organization: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____ Date: _____

Project Description:

Project Title: _____

Project Start Date: _____ Project End Date: _____

Total Project Cost:\$ _____ **Grant Amount Requested:\$** _____

Would partial funding be acceptable? _____

Is organization requesting funding exempt from payment of income tax?

Yes___ No___ If yes, a copy of letter (Form 501[c] 3) from Internal Revenue Service must be attached.

Are There Other Revenue Sources? List Them: _____

Statement of Project Purpose: _____

What areas or communities will this project serve? _____

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What are the benefits to the community or area? _____

How many people will benefit from this project? _____

What are your measurements for success of this project? _____

What other information would you like to share? _____

Applicant Signature _____

Detailed financial budget and plan for the entire project must accompany this grant request:

Return completed form to:

**Rachel Olsen
Heartland REMC
350 Wedcor Ave.
Wabash, IN 46992**