

**Wayne White Operations Roundup Kare & Share
WORKS
P.O. Box 700
Fairfield, IL 62837
(888) 871-7695**

**APPLICATION FOR CHARITABLE GRANT
FOR ORGANIZATION/AGENCY**

1. Name of Organization: _____
2. Address: _____
City: _____ State _____ ZIP _____
3. Contact Person _____ Title _____
4. Phone Number _____ Work Number _____
5. 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.
6. A copy of financial statement(s) for most previous year should be provided. If not available, forms will be provided.
 - a. Statement attached: _____
 - b. Forms requested: _____
7. Number of individuals, families or groups served in Clay, Edwards, Franklin, Gallatin, Hamilton, Jefferson, Marion, Richland, Wabash, Wayne and White counties. _____
8. Does agency serve outside WORKS territory? (Counties listed in Question #7)
Yes _____ No _____

If yes, please provide information on number served and location.

9. State Purpose of Organizations/Agency Request: (Include amount requested and specifics of how funds will be used.)

10. List other sources of funding for use of request as described in the above:

11. How are agencies programs measured for effectiveness?

12. References. (Please do not include directors or employees of Wayne White Counties Electric Cooperative, members of the WORKS board, or the immediate family of the organization administration's immediate family.)

1) Name _____ Phone No. _____

Address _____ City _____ State _____ ZIP _____

2) Name _____ Phone No. _____

Address _____ City _____ State _____ ZIP _____

3) Name _____ Phone No. _____

Adress _____ City _____ State _____ ZIP _____

Will you consent to public announcement of any grant you receive from WORKS?

YES _____ NO _____

The information contained in this statement is for the purpose of obtaining funding from the Wayne White Operations roundup Kare & Share Charitable Foundation (hereinafter referred to as WORKS) on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the WORKS Charitable Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The WORKS Charitable Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE

Application Checklist

1. Completed Application
2. **Authorized Signature** on application.
3. Copy of your organization's letter and Form 501©3 from Internal Revenue Service.
4. Mail completed application and IRS letter to:

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