



REMC MULTI-COUNTY COMMUNITY TRUST, INC.  
5001 E US HIGHWAY 36  
ROCKVILLE, INDIANA 47872  
(765) 569-3133

## Operation Round Up

### What is Operation Round Up?

With the development of Operation Round Up, an innovative community service fund raising program, we're pleased to share a uniquely simple and rewarding way for electric cooperative members to help fund worthwhile projects in their own communities.

### How does it work?

Operation Round Up is just what its name implies. Each month, the electric cooperative simply "rounds up" the electric bills of participating members to the next highest dollar.

**For example:**

Member's monthly bill: \$152.73

Rounded up: \$153.00

.27 cents going to the operation Round Up Fund

\*Donations are tax deductible. Members are sent a summary of their yearly contributions each January and February.

### Mission

The REMC Multi-County Community Trust, Inc. shall accumulate and disburse funds for charitable purposes in the service area of the Parke County REMC.

### The Trust does not provide grants for:

- Labor, political, religious or sectarian groups
- For-profit business startups or development
- Endowments or endowed chairs
- Grant-making entities
- Long-term funding
- On-going support for operating costs
- After-the-fact/post-event situations
- Fund-raising events, post-prom, or post-graduation activities
- Groups or individuals to attend seminars or to take field trips
- Advertising
- Payments of any type of utility bill

All requests must contain a complete application. No personal presentations are accepted. Applications may be submitted in person, by mail, or electronically. Please direct completed applications to Operation Round Up or [roundup@pcremc.com](mailto:roundup@pcremc.com)

The Trust receives numerous requests. Resources are limited and every request cannot be fulfilled either in full or part. We prefer to select those activities that provide the greatest benefit to individuals or the community. The trust will evaluate all programs based on:

- Community or individual need
- Practicality
- Reasonableness of the implementation plan
- Capability of following on-going long-term financing.

Requests are considered quarterly, and monies are granted on a one-year basis. Reapplication is necessary for consideration of a grant renewal.



# Grant Request Application

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FOR ORGANIZATION/AGENCY

Name of Organization or Agency: \_\_\_\_\_

Total amount of request: \$ \_\_\_\_\_

**Please review the check-off list below to assure all required information is provided to have the application approved.**

*Please do not list a Trustee of the REMC Multi-County Community Trust, Inc. or a Director of the Parke County REMC as a reference.*

- One-page summary letter (next page)
- Organization follows guidelines of IRS 501(c)(3)
- Detailed budget for project
- List of the board of directors and key staff members, including officers. Please include contact information for each person listed.
- Complete proposal narrative and key supporting documents, such as: charts, graphs, or maps.
- List of income sources and expenses over the past 12 months (specific to group)
- List of other funding sources expected to support project
- If full funding is not achieved (including fundraising from other events or grants), what will your organization/agency do with any awarded funds?
- If funding is awarded, your organization agrees to submit a statement and photo(s) of the project/program for publication by \_\_\_\_\_ (date).

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**REMC MULTI-COUNTY COMMUNITY TRUST, INC.**  
5001 E US Highway 36  
Rockville, Indiana 47872  
(765) 569-3133  
**APPLICATION FOR DONATION  
FOR ORGANIZATION/AGENCY**

**Summary Letter**

Name of Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Additional Contact Number \_\_\_\_\_

Is organization requesting funding exempt from payment of income tax: Yes  No

State the purpose of the organization/agency's request. (**Include amount requested** and specifics of how the funds will be used. Emphasize how funds would be used to benefit the Parke County REMC community):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three references:

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the REMC Multi-County community Trust, Inc. 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 REMC Multi-County Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The REMC Multi-County Community Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization/Agency: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_