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(Please return with application)

- _____ Filled out application.
- _____ Specific details for #9 – Use of Funds – The board wants a detailed breakdown of cost for what is being requested: equipment, accessories, administrative expenses, etc.
- _____ Copy of IRS 501(c)3 letter, if applicable.
- _____ Copies of you organization's financial statements for previous 2 years.
- _____ Copy of your organization's by-laws.
- _____ Amount requested.
- _____ Signed and dated.

Corporate Office: 1210 W. Lima St., Kenton, Ohio 43326
Phone: 419-673-7289 / Fax: 419-673-8388

Office of the Auditor General

1210 W. Lima St.
Kenton, OH 43326
419-673-7289

**COMMUNITY DEVELOPMENT
QUESTIONS**

1. Name of Organization: _____

2. Address: _____
Street or PO Box No.

City

State

Zip

3. Phone Number: _____
Work Home

4. Contact Person _____
Name Title

5. State type of organization, ownership, and non- or for-profit status:

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), including sources of income, for the previous two years should be provided. Also provide a copy of your organization's by-laws.

a. Statement attached: _____

b. By-laws attached: _____

7. Number of individuals, families or groups served inside Marion, Hardin, Wyandot, Logan, Union, Auglaize, Hancock, Allen, Morrow Counties in the last year: _____.

8. Number of individuals, families or groups served outside Marion, Hardin, Wyandot, Logan, Union, Auglaize, Hancock, Allen, Morrow Counties in the last year: _____.

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?

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"
"

(Please use additional sheets, if necessary, for explanation of above information)

12. Please list three references:

Name	Phone		
Address	City	St.	Zip
Name	Phone		
Address	City	St.	Zip
Name	Phone		
Address	City	St.	Zip

The information contained in this statement is for the purpose of obtaining funding from the Mid Ohio Energy Community Fund 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 Mid Ohio Energy Community Fund may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Mid Ohio Energy Community Fund 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