



P.O. Box 129 • Rensselaer, IN 47978 • 219-866-4601

A program of the Jasper County REMC Community Fund, Inc.

JASPER COUNTY REMC COMMUNITY FUND, INC.
2026 APPLICATION GUIDELINES
INDIVIDUAL AND/OR FAMILY

The role of the Trustees of the Jasper County REMC Community Fund, Inc. is to make the best use of the funds entrusted to us to support activities within the Jasper County REMC service territory and to be sure that whatever gifts we make are handled wisely.

Because we want to be helpful to as many organizations and individuals as possible, we encourage you to seek funding from more than just Jasper County REMC Community Fund, Inc. We will not penalize you for doing that.

Once we have received a request, it will go to the Trust Board for review. The Board is free to support, question, or deny any request. Once the board has approved a request, a check will be written.

The Jasper County REMC Community Fund, Inc., 2026 granting periods are as follows:

First Quarter

March 1 Applications available
April 1 Deadline for applications
3rd Wednesday in April Board reviews requests

Second Quarter

June 1 Applications available
July 1 Deadline for applications
3rd Wednesday in July Board reviews requests

Third Quarter

September 1 Applications available
October 1 Deadline for applications
3rd Wednesday in Oct. Board reviews requests

Fourth Quarter

December 1 Applications available
January 4, 2027 Deadline for applications
3rd Wednesday in Jan. Board reviews requests

In submitting an application for consideration of funds, the following procedures MUST be followed:

- A **SINGLE** copy of the application must be submitted to the Jasper County REMC Office in a sealed envelope marked "Confidential – Jasper County REMC Community Fund, Inc." or submitted electronically to jasperremc@jasperremc.com with "Confidential – Jasper County REMC Community Fund, Inc." in the subject line.
- A contact person must be indicated should there be questions regarding the request for funds.
- **The last 4 digits of the applicant's social security number must be included. If not included, the application WILL NOT be considered for funding.**

Questions regarding the application or process can be directed to Member Services at the Jasper County REMC office by calling 219-866-4601 or emailing jasperremc@jasperremc.com between 7:30 a.m. and 4:00 p.m. Monday - Friday. **If your project is not selected, you must reapply each quarter to be considered for funding.**

JASPER COUNTY REMC COMMUNITY FUND, INC.
PO Box 129 · Rensselaer, Indiana 47978
(219) 866-4601 · (888) 866-REMC (7362) · (219) 866-2199 Fax
www.jasperremc.com

**2026 APPLICATION FOR DONATION
INDIVIDUAL AND/OR FAMILY**

Applicant Information

Name _____

Last 4 of the applicant's social security number: _____

This is used only to verify that the board does not exceed the maximum annual award limits to any individual.

Other Members of Household:

Last Name	First	Middle	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

Street or Post Office Box

City or Town

State

Zip Code

Home/Cell Phone: _____ Work Phone: _____ EXT: _____

Email: _____

Employers of those listed above:

Name Company/Individual

Employer Address

Name Company/Individual

Employer Address

Name Company/Individual

Employer Address

Name Company/Individual

Employer Address

Name Company/Individual

Employer Address

Name Company/Individual

Employer Address

Reason for Request for Donation _____

Amount of Donation Requested \$ _____

Name to be used on Operation Round Up check _____

Specific Use of Funds: _____

Is the individual or family receiving any other form of assistance or aid for the above-stated request (donation, insurance, etc.)? Yes _____ No _____

If yes, please list: _____

Statement of Financial Condition as of _____, 20_____

ASSETS

AMOUNTS

Cash	_____		\$ _____
	Institution	Account No.	
	_____		\$ _____
	Institution	Account No.	
	_____		\$ _____
	Institution	Account No.	
Real Estate	_____		\$ _____
	Partial/Wholly Owned	County	Market Value
	_____		\$ _____
	Partial/Wholly Owned	County	Market Value
Other	_____		\$ _____
	Description	I.D. No.	Value
	_____		\$ _____
	Description	I.D. No.	Value
	_____		\$ _____
	Description	I.D. No.	Value
TOTAL ASSETS			\$ _____

LIABILITIES

AMOUNTS

Loans

_____	\$ _____
Lender's Name	
_____	\$ _____
Lender's Name	
_____	\$ _____
Lender's Name	
_____	\$ _____
Lender's Name	

Mortgage

_____	\$ _____
Mortgagor's Name	
_____	\$ _____
Mortgagor's Name	

Other Debt

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	

TOTAL LIABILITIES

\$ _____

MONTHLY EXPENSES

AMOUNTS

Housing

Mortgage _____ Rent _____	\$ _____
Food	\$ _____
Utilities Electricity	\$ _____
Gas	\$ _____
Telephone	\$ _____

Transportation

Automobile Payment # 1 Vehicle	\$ _____
Automobile Payment # 2 Vehicle	\$ _____
Gasoline	\$ _____
Repairs	\$ _____

Insurance

Medical	\$ _____
Life	\$ _____

Medical

Automobile	\$ _____
Doctors	\$ _____
Hospital	\$ _____
Medication	\$ _____

Charge Accounts

_____	\$ _____
Type of Card	
_____	\$ _____
Type of Card	
_____	\$ _____
Type of Card	
_____	\$ _____
Type of Card	

Loans

_____	\$ _____
Lender	
_____	\$ _____
Lender	
_____	\$ _____
Lender	
_____	\$ _____
Lender	

Taxes (Specify)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Expenses (Specify)

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL MONTHLY EXPENSES \$ _____

SOURCES OF MONTHLY INCOME

Amounts

Salary _____ \$ _____
Employer's Name

Employer's Name \$ _____

Employer's Name \$ _____

Bonus, Tips & Commissions _____ \$ _____

Dividends & Interest _____ \$ _____
_____ \$ _____

Real Estate Income _____ \$ _____
_____ \$ _____

Farm Income _____ \$ _____
_____ \$ _____

Other Income (Please state type: alimony, child support, social security, disability, etc.):

_____ \$ _____

Type
_____ \$ _____

Type
_____ \$ _____

Type
_____ \$ _____

Type
_____ \$ _____

TOTAL SOURCES OF MONTHLY INCOME \$ _____

Please list three (3) references (may not be an employee or director of Jasper County REMC or a trustee of the Jasper County REMC Community Fund, Inc.):

_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip
_____		_____	
_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip
_____		_____	
_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip

AGREEMENT

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

I understand in applying for funding that, if granted, it will be used for the sole purpose as stated in this application.

Further, I understand that if funding is received, I grant permission for its publication in the Jasper County REMC's monthly publication, as well as any other publication Jasper County REMC deems appropriate.

Signature Applicant/Recipient

Signature of Spouse (if applicable)

Date

For Trust Use Only
Approved _____ Date: _____ Amount Approved _____ Declined _____ Date: _____