

Glades Electric Charitable Trust, Inc.
Operation Round Up ®
c/o Glades Electric Cooperative, Inc.
P.O. Box 519
Moore Haven, FL 33471

Date: _____
County: _____

Organization: _____

Application for Funding Organization or Agency

Glades Electric Charitable Trust, Inc. was established in July of 1998, as a community-minded program based on cooperative spirit, to accumulate and disburse funds for charitable or other worthy purposes in the territory of Glades Electric Cooperative, Inc.

The Trust was not envisioned to replace or supplement existing services or organizations, but was developed to help fund individuals or organizations which have “fallen through the cracks” of other organizations, or for those who have no funding available.

Primary beneficiaries of the Trust, those who receive funding, are intended to be needy individuals, families, or organizations located within the four service counties of Glades Electric Cooperative; Glades, Hendry, Highlands, and Okeechobee.

Funds disbursed by Charitable Trust are made possible through the generosity of Glades Electric Cooperative members who contribute to the Operation Round Up Program. Members of the cooperative have the option of “rounding up” their monthly electric bills to the nearest dollar, where the extra funds are placed in the Glades Electric Charitable Trust, Inc.

Applications must be received before the end of business on the first working day of the month to be considered for funding during that month.

Applications received after the 1st day of the month will be considered at the following month’s board meeting.

The Charitable Trust Board of Directors meets the fourth Wednesday of each month. If this application is considered to be of an emergency nature or time sensitive, please attach an explanation of the need.

1. Name of Organization: _____
2. Address: _____
Street or Post Office Box

City or Town State Zip Code
3. Phone Number: _____
4. Contact Person: _____
Name Title
5. Is the organization requesting funding exempt from payment of income tax:
YES _____ NO _____ If yes, a copy of letter (Form 501 (c) 3) from
the Internal Revenue Service must be
attached.
6. A copy of the financial statement for the most previous year should be
provided. Statement attached: YES _____ NO _____
7. Number of individuals, families or groups served in Glades, Hendry, Highlands
or Okeechobee counties in the last year: _____
8. Does your agency serve outside Glades, Hendry, Highlands, or Okeechobee
counties: YES _____ NO _____
If YES, please provide information on the number served and locations:

9. State the Purpose of the Organizations/Agency Request: (Include the total
amount requested, an itemized list of the specifics of the project or need, and a
detailed description of how the funds will be used.) **NOTE:** The Trust does
not fund budgets. The Trust will consider funding specific needs or projects
which will benefit people living within the service area of Glades Electric
Cooperative, Inc.

10. List other sources of funding of the request described in the above section:

11. How are the organization / agency programs measured for effectiveness?

12. Please list three references (Business or Financial)

Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Glades Electric Charitable 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 Glades Electric Charitable Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Glades Electric Charitable 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 Authorized Representative

Date

