SUBMIT

PRINT

Choptank Electric Trust, Inc.

P.O. BOX 426, Denton MD 21629
1-877-892-0001 EXT. 8660
Email: trust@choptankelectric.coop
Fax: 410-479-1014

Application For Organization/Agency

Incomplete applications will automatically be denied assistance.

Please complete both pages of this application. Please type or print clearly with black or blue pen. The application must be received by the last day of the month in order to be reviewed the following month.

PLEASE NOTE: Recipients of Choptank Electric Trust grants have a 90-day period in which to use the grant. Funds not used by the organization within 90 (ninety) days following notification will be voided unless a board extension is requested and approved.

REQUEST

Amount Requested: _____ Date of Application: _____

Tell us how the funds will be used and explain the circumstances that have prompted this request :

(You may include additional pages, but please write a basic synopsis here)

_____
_____
_____
_____
_____
_____
_____

Please attach 2 (two) written <u>vendor</u> estimates/quotes directly related to this grant request. Also, please attach a copy of (1) a current Balance Sheet, (2) a current, 12 month Profit and Loss report, and (3) a prior year federal tax return, if available.

ORGANIZATION INFORMATION

Name of Organization:_____

Address:_____

Street or P.O. Box *City* *State* *Zip Code* *County*

Contact Person:_____ Title:_____

Email:_____ Phone:_____

Is this organization tax exempt under IRS section 501(c)3? ☐ Yes ☐ No._____ EIN

If yes, a copy of determination letter from the Internal Revenue Service may be attached. If no, furnish organization tax exempt status:_____

What counties are served by your organization? _____

List all other sources of funding for this request:_____

How is your organization's program measured for effectiveness? (Be Specific)

_____
_____
_____
_____
You may attach additional information as necessary
_____

Incomplete applications will automatically be denied assistance.

BUSINESS REFERENCES

Please give three business references who are familiar with your organization. (References may not be given by a director or employee of Choptank Electric Cooperative or Choptank Electric Trust Inc.)

1. Name:_____ Phone:_____

Address:_____

Street or P.O. Box *City* *State* *Zip Code*

Contact Person:_____

1. Name:_____ Phone:_____

Address:_____

Street or P.O. Box *City* *State* *Zip Code*

Contact Person:_____

1. Name:_____ Phone:_____

Address:_____

Street or P.O. Box *City* *State* *Zip Code*

Contact Person:_____

OTHER INFORMATION

The Trust Board may need to table an application until the next meeting because of time constraints or insufficient information on the application.

Can your application be tabled? ☐ Yes ☐ No

Can you proceed with partial funding on this request ☐ Yes ☐ No

Comments:

_____

_____

_____

_____

The information contained in this statement is for the purpose of obtaining funding from the Choptank Electric Trust, Inc., on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Choptank Electric Trust, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Choptank Electric Trust, Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

_____ _____

Name of Organization

Representative Name & Title (Please Print)

_____

Signature Representative

_____

Date

Submit the completed application and related documents via fax at 410.479.1014 or email at trust@choptankelectric.coop. You may also mail the completed application to Choptank Electric Trust, Inc., P.O. Box 426, Denton, MD, 21629.

Choptank Electric Trust, Inc. on behalf of itself and its Board members, agents, employees, attorneys, and accountants specifically herein disclaims any responsibility for maintaining the confidentiality of the materials and information submitted in this application. By submitting this application, the applicant hereby indemnifies Choptank Electric Trust, Inc., its Board members, agents, employees, attorneys, and accountants from any loss, cost, damage, or expense applicant may incur with respect thereto.

Choptank Electric Trust Application Checklist
Organization

To be complete, applications must include the following:

☐ Application form filled out completely

☐ Two written vendor estimates/quotes related to grant request

☐ All of three of the following:
A current Balance Sheet report
A current, 12 month Profit and Loss report and
A prior year tax return