



Incomplete applications will automatically be denied funding. All pages of this application must be completed in full. You may also submit a separate document that references each of the requirements that are listed for funding. Please type or print clearly with dark ink.

**PLEASE SEND
THE COMPLETED
APPLICATION
AND RELATED
DOCUMENTS BY:**

Email:
ThePowerofChange@
myrec.coop
or
Mail:
C.A.R.E. Charity, Inc.
P.O. Box 7388
Fredericksburg, VA
22404

PLEASE NOTE:

**Applications must be
received by 5 p.m.
on Tuesday,
August 10, 2021.**

Only one application can be submitted for review in a twelve month period and applicant must offer services to one or more counties Rappahannock Electric Cooperative serves.

Applicant may not receive funding from C.A.R.E. Charity, Inc. more than once in any 24 month period. C.A.R.E. Charity, Inc. will not provide funding for payment of Rappahannock Electric Cooperative bills.

REQUEST

Date of Application _____ Amount of Request _____

Legal Name of Organization/Agency _____

P.O. Box or Street Address _____ City _____ State _____ Zip _____

Primary Phone # _____ Alternate Phone # _____ Email Address _____

Organization's Web Site URL and/or Facebook Page Address _____

What county or counties are primarily served by your organization?

What other sources of funding are available for this request?

Can this application be tabled? Yes No

Can you proceed with partial funding of this request? Yes No

PROJECT DETAILS

Please attach to your funding request the following information:

- A detailed budget and timeline for your project.
- A copy of your organization or agency's most recent financial statement AND Form 990.
- A copy of your organization or agency's tax determination letter from the IRS that qualifies you as a non-profit organization.
- Any information that helps describe your organization/agency and its purpose (brochures, informational literature, fact sheets, etc.).
- As appropriate, any bids, quotes, or estimates directly relating to your request.
- A separate document may be submitted for the questions on page 3.

Please give three business references who are familiar with your organization. (References may not be employees or members of the organization requesting funding. A director or employee of Rappahannock Electric Cooperative or C.A.R.E. Charity, Inc. may not serve as a reference.)

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PROJECT DETAILS

1.	Business Name		Representative's Name		
	Street Address or P.O. Box		City	State	Zip
	Office Phone #	Alternate Phone #		Email Address	
2.	Business Name		Representative's Name		
	Street Address or P.O. Box		City	State	Zip
	Office Phone #	Alternate Phone #		Email Address	
3.	Business Name		Representative's Name		
	Street Address or P.O. Box		City	State	Zip
	Office Phone #	Alternate Phone #		Email Address	

The information contained in this application is confidential and is for the purpose of obtaining funding from C.A.R.E. Charity, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used to determine funding, and each undersigned represents and warrants that the information provided is true and complete and that C.A.R.E. Charity, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. C.A.R.E. Charity, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein. This information will remain confidential and shall not be used for any other purpose than consideration of this application. Each undersigned accepts and agrees to the disclosure and review of the information provided as is necessary for C.A.R.E. Charity, Inc. to evaluate the request for funding. Each undersigned accepts and agrees that the decision of whether to grant funding and the amount of funding offered is in the sole and complete discretion of C.A.R.E. Charity, Inc., and that by receiving this application, C.A.R.E. Charity, Inc. is making no promise or assurance that any funding will be offered.

Legal Name of Organization/Agency

Representative's Name and Title (Please Print)

Representative's Signature (Signature Required)

Date



In lieu of answering on this page, you may submit a separate document that references each of the requirements listed below. To be eligible for future funding, grant recipients must complete a grant evaluation form and return it within 12 months from the date the grant was awarded.

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Legal Name of Organization/Agency

Name of Project

Amount Requested

1. Please briefly describe your project and indicate exactly how the funds requested will be spent.

2. What is the potential benefit of your project to area residents and/or the entire community?

3. What is the likelihood that your project will produce results that are quantitative, predictable, sustainable, and can be evaluated?

4. How will your project be measured for effectiveness?

5. How will a lack of funding impact the project that you are proposing?

6. How will your organization or agency help spread the good news about The Power of Change and the importance of all REC members making voluntary monthly contributions? Please list examples of actions that you are planning to take if awarded grant funding.
