

Date: \_\_\_\_\_



## Community Grant Application

Before filling out this application, please carefully review organization eligibility and program criteria requirements.

*An IRS letter confirming non-profit status must accompany this form.*

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Organization Name: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ PEC Account #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name:  Mr.  Ms.  Mrs. \_\_\_\_\_

Contact Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

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**(If additional space is needed to answer questions, applicants may attach one sheet to back of application).**

Please provide a brief description of your organization and the services it provides.

Specifically, how will funds from this grant be used and how will they directly impact your local community? (If requesting less than the maximum award of \$1,000, please indicate the amount.)

Please list all cities and counties that benefit from your organization's services.

Estimated population of the community your organization serves: \_\_\_\_\_

Estimated number of people assisted by your organization each year: \_\_\_\_\_

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By signing below, I acknowledge that I am an authorized representative of the above organization. I certify that all information entered on this application is true and that our organization meets all eligibility and program criteria requirements. I also authorize PEC to use or publish the name of our organization for future recognition purposes, should we be granted funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_