

# Memorandum

To: All HILCO Operation Round Up<sup>®</sup> Grant Applicants  
From: The HILCO Trust Board  
Date: July 17, 2013  
Subject: Correct Application for Donation Information

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From this date forward, all organizations must ensure that their application is received in the HILCO Itasca office prior to the listed deadline.

The applicant must use the most current application which is available online and at the HILCO offices. The organization will not be notified in advance to correct this issue. The application will automatically be considered invalid for review.

The organization will be responsible for ensuring that all supporting documentation is submitted with the application. Notifications will not be given to the organization if documents are missing. The application will automatically be considered invalid for review.

All questions and information on the application must be completed, initialed and/or signed or the application will be considered invalid for review. If any of these occurrences should take place, the application will be returned to the organization with a letter of explanation.

Please see our website for information at:  
<http://hilco.coop/community-programs/operation-round-up>

HILCO ELECTRIC TRUST  
Post Office Box 127  
Itasca, Texas 76055  
(254) 687-2331

## APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: \_\_\_\_\_
2. Address: \_\_\_\_\_  
Street or Post Office Box  
\_\_\_\_\_  
City or Town State Zip Code
3. Phone Number: \_\_\_\_\_  
Work Home
4. E-mail Address: \_\_\_\_\_
5. Contact Person: \_\_\_\_\_  
Name Title
6. Is organization requesting funding exempt from payment of income tax:  
Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, a copy of letter (Form 501[c]3) from Internal Revenue Service must be attached.**
7. Does your organization receive funds from a state/national organization which provides periodic funding?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the name of the organization, the amount of funding, and the frequency of funding: \_\_\_\_\_  
\_\_\_\_\_
8. A copy of financial statement(s) for most previous full year and year-to-date must be provided. If not provided, the application cannot be considered for review. A sample form is attached to application. Information included should provide Trust Board with enough information to determine funding sources and summarize expenses. Please do not send itemized, detailed expense reports such as check registers, accounting ledgers, or monthly reports.
9. Number of individuals \_\_\_\_\_, families \_\_\_\_\_, or groups \_\_\_\_\_ served in Hill, Dallas, Ellis, Johnson, or McLennan Counties during the past twelve months.

10. Does agency/organization service outside of Hill, Dallas, Ellis, Johnson, or McLennan Counties: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide information on number serviced and location.

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11. State purpose of Agency/Organizations request: (Include amount requested and specifics on how funds will be used.)

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12. List other sources of funding for use of request as described in the above:

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13. How are agency/organization programs measured for effectiveness?

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14. Please list three references NOT affiliated with your organization:

Organization (if applicable)		Title (if applicable)	
Name		Phone	
Address	City	State	Zip Code

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Organization (if applicable) Title (if applicable)

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Name Phone

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Address City State Zip Code

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Organization (if applicable) Title (if applicable)

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Name Phone

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Address City State Zip Code

Please list someone that **IS** affiliated with your organization in case the item requested needs a technical explanation. (For example: If a fire department requests a certain type of mask and we need clarification, list the person that we could call that could describe the mask that is requested.)

LEAVE SECTION BELOW BLANK IF THIS DOES NOT APPLY TO YOUR REQUEST.

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Organization (if applicable) Title (if applicable)

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Name Phone

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Address City State Zip Code

15. \_\_\_\_\_ I understand that by submitting this application, I am authorizing inquiries  
initial and/or visitations to the organization/agency for the purpose of evaluating the  
authenticity of the information contained in this application.

**The information contained in this statement is for the purpose of obtaining funding from the HILCO Electric Trust 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 HILCO Electric Trust may consider this statement as continuing to be true and correct until written notice of a change is provided. The HILCO Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.**

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Name of Organization

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Signature of Representative

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Date

# Example of Financial Information Needed

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## Balance Sheet

### Assets

#### Current Assets

Cash

Reserve

Accounts Receivable

Total Current Assets

#### Fixed Assets

Land

Collection/Distribution System

Building

Equipment

Total Fixed Assets

Less: Accumulated Depreciation

Net Fixed Assets

### Total Assets

### Liabilities and Equity

#### Current Liabilities

Accounts Payable

Notes Payable

Total Current Liabilities

#### Long Term Liabilities

Notes Payable

#### Owner's Equity

Paid-In Capital

Retained Equity

Profit or Loss

Total Owner's Equity

### Total Liability and Equity

## Income Statement

### Projected Revenues

Sales

Grants

Donations

Fees

Other Sources

Other Sources

Other Sources

Total Revenues

### Projected Expenses

Operations

Labor Expenses

Utilities

Transportation

Professional Services

Insurance

Regulatory Fees

Taxes

Other Expenses

Interest Expense

Depreciation

Other

Other

Other

Total Expenses

Net Income (Loss)