Memorandum

To: All HILCO Operation Round Up® Grant Applicants

From: The HILCO Trust Board

Date: July 17, 2013

Subject: Correct Application for Donation Information

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 automatically be rejected.

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.

_____

_____

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

_____

_____

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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

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

Organization (if applicable) | Title (if applicable)

Name | Phone

Address | City | State | Zip Code

Organization (if applicable) | Title (if applicable)

Name | Phone

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.

Organization (if applicable) | Title (if applicable)

Name | Phone

Address | City | State | Zip Code

15. _____ initial I understand that by submitting this application, I am authorizing inquiries 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.

_____
Name of Organization

_____
Signature of Representative

_____
Date

Example of Financial Information Needed

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)