

**APPLICATION FOR DONATION  
for ORGANIZATION/AGENCY**



**PAULDING PUTNAM ELECTRIC COOPERATIVE TRUST**

401 McDonald Pike  
Paulding, OH 45879  
(800) 686.2357 • [www.ppec.coop](http://www.ppec.coop)

**Mission Statement**

*The mission of the Paulding Putnam Electric Cooperative Trust is the accumulation and disbursement of funds to organizations and governmental entities for charitable purposes in the Paulding Putnam Electric Cooperative service area (defined as being within Paulding, Putnam, Van Wert, Defiance and Allen counties in Ohio and Allen and Adams counties in Indiana).*

*Disbursement of funds to individuals will be considered provided the applicant lacks a basic human necessity--food, shelter, clothing, health, or other humane needs--and due to his or her financial condition, is unable to provide for the need either personally or through other forms of assistance.*

**Who will distribute the funds?**

The disbursement of funds will be made through grants by the Paulding Putnam Electric Trust Board of Directors, who have been selected from among Paulding Putnam Electric Cooperative's nine trustee districts. The Trust Directors are: Brenda Clark, Paulding County; Devin Sheets, Van Wert County; Mary Beth Weisenburger, Putnam County; Bob Yager, District # 1; and Janet Spindler, District # 5. The Board will receive and review all applications for funding on a quarterly basis and will make all decisions regarding Trust Fund grants.

**How is money raised for the fund?**

The membership of Paulding Putnam Electric Co-op contributes to the program each month through "Operation Round Up" by rounding up their electric bill payments to the next whole dollar. Participation is strictly voluntary. Additional contributions may be donated to the PPE Trust Fund subject to fund trustee's approval.

**ALL QUESTIONS MUST BE FILLED OUT COMPLETELY**

1. Name of Organization \_\_\_\_\_

2. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Best Time To Reach \_\_\_\_\_

4. Contact Person \_\_\_\_\_ Title \_\_\_\_\_

5. Amount Requested \_\_\_\_\_

6. Use of Funds (use additional sheets, if necessary)

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7. State type of organization, ownership, non- or for-profit, and tax status. If exempt from payment of income taxes, please attach form 501(c) 3 letter from Internal Revenue Service.

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8. Please include a copy of financial statements, including sources of income, for two previous years. Also provide a copy of your organization's by-laws.

9. Is your organization/agency receiving or requesting any other form of assistance or aid for above stated request (donations, grants, etc.)?  Yes  No

If yes, please list:

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10. Number of individuals, families or groups your organization currently serves by county in the Paulding Putnam Electric Cooperative service area. (The PPE service area is defined as being Paulding, Putnam, Van Wert, Defiance and Allen counties in Ohio and Allen and Adams counties in Indiana).

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11. Number and location of individuals, families or groups your organization serves outside the Paulding Putnam Electric Cooperative service area.

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12. Will these funds be used to support any candidate for public office or any political purpose?  Yes  No

If yes, explain.

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13. How are your agency's programs measured for effectiveness?

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14. Please list three references (may not be a trustee or employee of Paulding Putnam Electric Cooperative or the Paulding Putnam Electric Trust Fund)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I represent that I am authorized by the named organization to make this application on its behalf and to make the assertions in this certification and to bind the organization accordingly.

The information contained in this statement is for the purpose of obtaining funding from the Paulding Putnam Electric Cooperative Trust Fund on behalf of the named organization. The undersigned understands that the information provided is true and complete and that the Paulding Putnam Electric Trust Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Paulding Putnam Electric Trust Fund is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein.

I understand that the Paulding Putnam Electric Trust Fund has the right to fully audit the use of this donation at any time. I also understand that Paulding Putnam Electric Trust Fund and Paulding Putnam Electric Cooperative may use this application, if approved, for publicity and promotional purposes.

Name of  
Organization \_\_\_\_\_ Date \_\_\_\_\_

Signature of  
Representative \_\_\_\_\_ Title \_\_\_\_\_