

**THE PEOPLE FUND TRUST BOARD**  
**Post Office Box 910**  
**Somerset, Kentucky 42502**

**APPLICATION FOR GRANT FOR ORGANIZATION / AGENCY**

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

2. Address: \_\_\_\_\_  
**Street or Post Office Box**

\_\_\_\_\_

**City or Town**

**State**

**Zip Code**

3. E-Mail Address \_\_\_\_\_

4. Phone Number: \_\_\_\_\_

**Work Number**

**Home Number**

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. A copy of financial statement(s) for the previous year should be provided. Please attach statement.

8. Number of individuals, families, or groups served in the South Kentucky Rural Electric Cooperative Corporation service area.

9. Does agency serve outside the South Kentucky Rural Electric Cooperative Corporation Service Area:    a. **Yes** \_\_\_\_\_  
   b. **No** \_\_\_\_\_

If yes, please provide information on number served and location:

\_\_\_\_\_  
\_\_\_\_\_

10. State Purpose of Organizations / Agency Request: LIST: Number of people serviced, counties that are served, background of organization, when it was formed.  
**ATTACH SEPARATE DETAILED DESCRIPTIONS OF HOW THE FUNDS WILL BE USED.**

11. List other funding sources that have been requested and the present status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. How is the effectiveness of your agency measured?

\_\_\_\_\_  
\_\_\_\_\_

13. Please list Three References

1) \_\_\_\_\_

NAME				PHONE
ADDRESS	CITY	STATE	ZIP CODE	

2) \_\_\_\_\_

NAME				PHONE
ADDRESS	CITY	STATE	ZIP CODE	

3) \_\_\_\_\_

NAME				PHONE
ADDRESS	CITY	STATE	ZIP CODE	

The information contained in this statement is for the purpose of obtaining funding from The People Fund 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 People Fund Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The People Fund 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

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE

\_\_\_\_\_  
DATE

**If you have any questions regarding the status of your grant request, please e-mail the People Fund Trust at [peoplefund@skrecc.com](mailto:peoplefund@skrecc.com). Applications will be considered on an annual basis only.**