



# CHOPTANK ELECTRIC TRUST, INC.



P.O. Box 426, Denton MD 21629  
1-877-892-0001, ext.7733

## APPLICATION FOR ORGANIZATION/AGENCY

***Incomplete applications will automatically be denied assistance.***

Please type or print clearly with dark ink. It is extremely important that you fill out both pages of this application completely.  
The application must be received by the last day of each month in order to be reviewed the following month.

REQUEST

• Amount of Request: \_\_\_\_\_

• Date of Application: \_\_\_\_\_

**PLEASE ATTACH A COPY OF FINANCIAL STATEMENT(S) FOR PREVIOUS YEAR OR FEDERAL TAX RETURN IF AVAILABLE.**

Tell how the funds will be used and explain the circumstances that have prompted this request.

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**Please attach appropriate bids/estimates/bills directly relating to your request.**

ORGANIZATION INFORMATION

• Name of Organization: \_\_\_\_\_

• Address: \_\_\_\_\_  
Street or P.O. Box City State Zip County

• Contact Person: \_\_\_\_\_  
Name Title

• Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

• Is this organization tax exempt under IRS section 501(c)3?  Yes  No EIN No. \_\_\_\_\_

If yes, a copy of determination letter from Internal Revenue Service must be attached.

If no, furnish organization tax exempt status: \_\_\_\_\_

• What counties are served by your organization? \_\_\_\_\_

• List other sources of funding for this request: \_\_\_\_\_

• How is your organization's program measured for effectiveness? (Be specific)

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**BUSINESS REFERENCES**

• Please give three business references who are familiar with your organization. (References may not be employees or members of the organization requesting funding.)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

**OTHER INFORMATION**

• The Trust Board may need to table an application until the next meeting because of time constraints or insufficient information on an application. Can your application be tabled? \_\_\_Yes \_\_\_ No

• Can you proceed with partial funding of this request? \_\_\_Yes \_\_\_ No

• Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Choptank Electric Trust, Inc., on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Choptank Electric Trust, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Choptank Electric Trust, Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

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

\_\_\_\_\_  
Representative Name & Title (please print)

\_\_\_\_\_  
Signature Representative

\_\_\_\_\_  
Date

Mail completed application and related documents to: Choptank Electric Trust, Inc.  
P.O. Box 426  
Denton, MD 21629

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*Choptank Electric Trust, Inc. on behalf of itself and its Board members, agents, employees, attorneys and accountants specifically herein disclaims any responsibility for maintaining the confidentiality of the materials and information submitted in this application. By submitting this application, the applicant hereby indemnifies Choptank Electric Trust Inc., (its Board members, agents, employees, attorneys and accountants from any loss, cost, damage or expense applicant may incur with respect thereto.*