

Applying for a VECustomers Share Grant

Information to Help You in Completing Your Grant Application

1. The VECustomers Share program is intended to support projects that benefit communities in the Volunteer Energy Cooperative service area. This program does not fund: 1) candidates for political office or any political purpose; 2) payment of electric bills or charges; 3) governmental schools or schools receiving public funds; 4) religious organizations; 5) cemetery associations/upkeep; 6) salaries; or 7) animal control/benefits. The program, however, may fund projects specific to separate organizations from schools or religious organizations (PTOs or church youth groups that are open to the public, for example), if the VECustomers Share board deems that the benefit of the project will be felt community-wide.
2. VECustomers Share grants submitted by individuals will not be funded. Special needs for an individual may be considered if the grant is submitted by a qualifying organization. For example, if an individual's house burned, a community organization (civic club, etc.) could apply for a grant to assist the individual.
3. To ensure the best opportunity at having a grant funded:
 - Complete the applications fully and clearly. Incomplete applications will not be considered.
 - List all other primary funding sources for the project. The VECustomers Share grants are designed to assist projects as a source of *supplemental* funding.
 - Include a detailed description of intended use of the funds.
 - If additional information is provided, attach **no more than 5 pages of information to the application**.
4. Grants are reviewed on a case-by-case basis. Applications may, at the discretion of the VECustomers Share board, be either fully funded, partially funded, declined, or the organization may be asked to resubmit, providing additional information.
5. VECustomers Share grants are reviewed by an independent board, made up of non-paid volunteers from VEC service areas. Neither members of the Volunteer Energy Cooperative Board of Directors nor employees of VEC serve on this board.
6. The VECustomers Share Board of Directors meets regularly based on the number of applications received (usually once a month, but no less than quarterly) to consider grant funding. Grant applications must be received at the VEC Corporate Office in Decatur not later than the last working day of the month to be considered at the next month's VECustomers Share Board meeting. All applicants will be sent a letter notifying them of the status of their funding within a few days after the board meeting. All grant awards are subject to annual audits that require documentation that funds received by the organization were spent for the approved purpose.
7. Grant applications must be received at the VEC Corporate Office in Decatur not later than the last working day of the month to be considered at the next month's VECustomers Share Board meeting.

Current VECustomers Share Board Members

Bradley County, Dana Burgner
Cumberland County, Jerry Mayo
Cumberland County, Pauline Sherrer
Fentress County, H. Mark Justice
Hamilton County, Bobby Scott
McMinn County, Erbin Baumgardner
Meigs County, Joyce Woods
Pickett County, Barbara Rector
Polk County, Bill Womac
Putnam County, Sharon Parrott
Rhea County, Gary Gilmore
Roane County, Barry Narramore

For more information about the VECustomers Share program, please call: 423-334-7051.



P.O. Box 277

Decatur, TN 37322

*A community grant program operated and made possible by
the member-owners of Volunteer Energy Cooperative*

APPLICATION FOR GRANT FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Location: _____

3. **Complete Mailing Address:**

Street/PO Box

City or Town

State

Zip Code

4. Phone Number: _____
 AREA CODE Work AREA CODE Home

5. Contact Person _____
PLEASE PRINT LEGIBLY Name Title

6. Has this organization received a VECustomers Share Grant in the last 12 months?
☐ Yes ☐ No If yes, list dates and amounts of grants received.

7. Do members of this organization contribute to VECustomers Share by agreeing to have their VEC bills rounded up to the nearest dollar? ☐ Yes ☐ No

8. Is this organization requesting funding exempt from payment of income tax?
☐ Yes ☐ No

If yes, a copy of Form 501(c)3 from Internal Revenue Service must be attached.

8. Primary Funding Agency of Organization: _____

10. Please indicate which VEC counties that this organization serves:

- | | | | | |
|----------------------------------|----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Bledsoe | <input type="checkbox"/> Bradley | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Fentress | <input type="checkbox"/> Hamilton |
| <input type="checkbox"/> Loudon | <input type="checkbox"/> McMinn | <input type="checkbox"/> Meigs | <input type="checkbox"/> Morgan | <input type="checkbox"/> Overton |
| <input type="checkbox"/> Pickett | <input type="checkbox"/> Polk | <input type="checkbox"/> Putnam | <input type="checkbox"/> Rhea | <input type="checkbox"/> Roane |
| <input type="checkbox"/> Scott | <input type="checkbox"/> White | | | |

11. Does this organization provide service outside VEC service area?
☐ Yes ☐ No

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

12. Purpose of Request: (Include amount requested and specifics of how funds will be used.)

13. **Estimated Total amount needed for project.** \$ _____

Totals from other funding sources (list sources and amounts):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL requested from VECustomers Share \$ _____

14. How is this program measured for effectiveness (i.e. records kept on number of families served, monetary benefits to families or community, lives changed, etc.)?

15. Please list three references from outside your organization who have knowledge of your programs and this request.

1.	_____		_____	
	Name		Area Code/Phone	
	_____	_____	_____	_____
	Address	City	State	Zip code
2.	_____		_____	
	Name		Area Code/Phone	
	_____	_____	_____	_____
	Address	City	State	Zip code
3.	_____		_____	
	Name		Area Code/Phone	
	_____	_____	_____	_____
	Address	City	State	Zip code

The information contained in this statement is for the purpose of obtaining funding from VECustomers Share 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 the VECustomers Share Board of Directors may consider this statement as continuing to be true and correct until a written notice of change is provided. The VECustomers Share Board of Directors is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. I/we understand that grant funds awarded are subject to annual audits and agree, if audited, to submit documentation that any awarded funds were expended as specified in this application.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

TITLE

DATE

IMPORTANT NOTE: If additional information is provided with this application, attach no more than 5 pages of information to the application. If other supporting documentation is provided (brochures, photos, etc.) enclose 3 original copies with the application.