

**For Office Use Only**

Approved  Yes  No

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**MIDDLE TENNESSEE ELECTRIC CUSTOMERS CARE, INC.**

555 New Salem Road  
Murfreesboro, TN 37129

**APPLICATION FOR ORGANIZATION/AGENCY**

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

Street Address/Post Office Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

2. Have you previously received funds from Middle Tennessee Electric Customers Care, Inc.?  Yes  No  
If yes, please list and include disclosure of those expenditures:

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Is your organization/agency exempt from payment of income tax:  Yes  No  
If yes, a copy of form 501(c)(3) from Internal Revenue Service AND either a Form 990 or a Financial Statement must be attached.

4. Primary funding agency of applicant. List source(s) from which you already receive revenue.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is your organization/agency currently located in the MTEMC service area?  Yes  No

6. State purpose of request. List specifically how funding will be utilized. (Attach additional sheets if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Estimated total amount needed for project: \$ \_\_\_\_\_

Totals from other funding sources: \$ \_\_\_\_\_

Total requested from Middle Tennessee Electric Customers Care, Inc.: \$ \_\_\_\_\_

8. Which county(ies) in the MTEMC service area do you serve and what is the total number of residents served in each county?

Williamson County  \_\_\_\_\_  
Rutherford County\*\*\*  \_\_\_\_\_  
Wilson County  \_\_\_\_\_  
Cannon County  \_\_\_\_\_

\*\*\*Please indicate number of county residents only

9. Please share any other information you feel is important for the reviewers to know about your project.

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10. Please list three references from outside your organization who have knowledge of your programs and this request. (Must not be a relative of applicant or member of the MTE Customers Care Board or employee of MTEMC.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

The information contained in this statement is for the purpose of obtaining funding from Middle Tennessee Electric Customers Care, Inc. 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 Middle Tennessee Electric Customers Care, Inc. Board of Directors may consider this statement as continuing to be true and correct until a written notice of change is provided. The Middle Tennessee Electric Customers Care, Inc. Board of Directors is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. In addition, applicant agrees to the sharing of information provided herein with other organizations/agencies by Middle Tennessee Electric Customers Care, Inc. Board of Directors.

Name of Organization/Agency \_\_\_\_\_

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

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

Date \_\_\_\_\_

*Middle Tennessee Electric Customers Care, Inc. offers its programs to all eligible persons regardless of race, color, national origin, age, or disability, and no one shall be excluded from participation in, admission or access to, denied the benefits of, or otherwise be subjected to discrimination under any of this organization's programs or activities.*