



# CENTRAL ELECTRIC MEMBER CARE TRUST, INC.

Post Office Box 1094, Sanford, North Carolina 27331-1094

## Board of Trustees

*Oscar Pace*  
**Chairman**  
*Harnett County*

*Glenn Saunders*  
**Vice Chair**  
*Harnett County*

*Carolyn Fowler*  
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*Lee County*

*Marian Phillips*  
*Chatham County*

*Joan Robinson*  
*Moore County*

## Central EMC Contact:

*Nancy Gust*  
*Trust Administrator*

*Phone:*  
*(919) 708-1641*  
*(919) 777-8896*

*Fax: (919)708-1741*

To Whom it May Concern:

Ref: Exciting News

Operation Round Up® is a community development program funded by the voluntary contribution of Central Electric members to the Central Electric Member Care Trust, Inc. Contributions are made to the trust when participants elect to have their monthly electric bill rounded up to the next dollar. For example, a \$75.45 electric bill would result in a total charge of \$76.00 and a 55¢ donation to the trust fund. On average, donation will be about 50¢ per month or \$6.00 per year. Since Operation Round Up® contributions are tax deductible; in January of each year a total annual contribution amount will be provided to coop members for their donation.

Charitable donations are made by the Trust Board to worthy projects in the Central Electric service territory (Chatham, Harnett, Lee and Moore Counties). Organization/Groups/Charities can apply to the Trust's five-member board of directors, who award funds quarterly based on worthiness of each application and available funds. One hundred percent of funds collected are returned to the community through donations from the Trust.

A unique feature of Operation Round Up® is the Central Electric Member Care Trust. Appointed by Central Electric's Board of Directors, this group of five trustees determine, by objectively reviewing applications and considering available funds, which community needs or projects are funded. Members of the Trust Board were selected because of their leadership and involvement in their community, making them uniquely knowledgeable of the needs of all of the communities served by Central Electric. From educators, to realtors and retired business executives, the diverse backgrounds and knowledge of our foundation board ensures the fair and proper funding of projects.

*"Small Change Changes Lives"*



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## Instructions for Organizations/Charities

The following instructions are to assist you in completing your application for Central Electric Member Care TRUST funding. In order for us to review your application in a timely manner, we need your assistance by **answering all of the questions in detail and sending in all requested documentation.**

**Note:** *Must be an established organization. The TRUST does not provide start-up funds.*

### ◆ Question 5: Tax Exempt Status

- If tax exempt, copy of Form 501{c}3 from IRS is requested.

### ◆ Items No. 6 & No. 7: Mission Statement & Financial Statement

- If no formal Mission Statement, explain purpose and goals of your organization.
- **Financial Statement showing where your funding came from and how it was spent for at least one year. (Required)**

### ◆ Item No. 10: Use of Funds

- If funding is for building repairs, send three (3) bids from three (3) different contractors for needed work—materials and labor.
- For items such as furniture, appliances, supplies, equipment, etc. provide estimates.
- For outstanding bills, taxes, etc. send copies of bill statements showing name and address of vendor and amount due.

Should you need help with filling out the application or have questions, please don't hesitate to call the TRUST Administrator at your Central EMC office at 919-708-1641 or 1-800-446-7752.

**Note:** *If more space is needed to answer questions, attach additional sheet or use back of application form.*

*“Small Change Changes Lives”*



Date \_\_\_\_\_  
Received \_\_\_\_\_

Applications # \_\_\_\_\_  
Director \_\_\_\_\_

Central Electric Member Care TRUST, Inc.  
P O Box 1094, Sanford, NC 27331-1094  
919-774-4900 or 1-800-446-7752

1. Name of Organizations/Charity: \_\_\_\_\_
  
2. Address: \_\_\_\_\_  
Street and/or Post Office Box  
\_\_\_\_\_  
City State Zip Code County
  
3. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
  
4. Phone Number: Work \_\_\_\_\_ Home \_\_\_\_\_
  
5. Is your organization exempt from payment of income tax? Yes No
  
6. Attach copy of organization's mission statement.
  
7. Attach copy of most recent financial statement.
  
8. Number of individuals, families, or groups served in Chatham, Harnett, Lee, and Moore counties in the last year:  
\_\_\_\_\_
  
9. What percentage of the organization funds will be used outside of Chatham, Harnett, Lee or Moore Counties?  
\_\_\_\_\_
  
10. Amount Requested \_\_\_\_\_ Specific Use of Requested Funds(detail):

11. Are you getting any other funding for specific use described above?

12. How are your organization's program measured for effectiveness?

13. If grant is awarded, will organization agree to have use of funds verified?    Yes        No

14. List three (3) references. (May not be a director, employee of Central Electric, the Central Electric Member Care TRUST, or a relative.)

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

15. Have you applied for Operation Round Up funds from Central Electric's Member Care TRUST, Inc. in the past?

Yes

No

If "Yes" give date (s): \_\_\_\_\_

16. Please retain my application for consideration until current year end. Yes No

**The information contained in this application is for the purpose of obtaining funding from Central Electric Member Care TRUST. I understand that the information provided will be used to decide whether or not to grant funding and by signing below I agree with the following:**

1. The information provided in this application is true and complete and Central Electric Member Care TRUST may consider these statements true and complete until written notice of a change is provided.
2. Central Electric Member Care TRUST has my permission to contact any financial institution, lender, or reference listed in this application to obtain additional information necessary to verify the accuracy of the statements made in this application.
3. The financial institutions, lenders, and references listed in this application have my permission to release to Central Electric Member Care TRUST information necessary to verify the statements made in this application.

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

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

\_\_\_\_\_  
Date

