



---

# SOUTHWEST MEMBERS CARE INC.

---

## Change for Community Change

[www.stemc.com/southwest-members-care-inc](http://www.stemc.com/southwest-members-care-inc)

P.O. Box 959  
Brownsville, TN 38012  
731-772-1322

## Application for Grant

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

2. Location: \_\_\_\_\_

3. **Complete Mailing Address:**

\_\_\_\_\_  
Street/PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

4. Contact Person \_\_\_\_\_

Please Print Legibly

Name

Title

Area Code & Phone number

5. Has this organization received a Southwest Members Care Grant in the last 12 months?

Yes

No

If yes, list dates and amounts of grants received. \_\_\_\_\_

6. Do members of this organization contribute to Southwest Members Care by agreeing to have their Southwest TN EMC bills rounded up to the nearest dollar?

Yes

No

7. Is this organization requesting funding exempt from payment of income tax?

- Yes       No

*If yes, a copy of your 501 (c) 3 determination letter from the Internal Revenue Service must be attached.*

8. Primary Funding Agency of Organization:

---

9. Please indicate which Southwest TN EMC counties that this organization serves:

- Chester
- Madison
- Haywood
- Tipton
- Henderson
- Hardeman
- Lauderdale
- Fayette
- Shelby
- Crockett
- McNairy

10. Does this organization provide services outside Southwest TN EMC service area?

- Yes       No

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

---

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

---

---

---

---

---

---

---

12. Estimated Total amount needed for project. \$ \_\_\_\_\_

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

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL requested from Southwest Members Care \$ \_\_\_\_\_

13. 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.)?

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

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

1. Reference: \_\_\_\_\_

Please Print Legibly

Name

Area Code & Phone number

\_\_\_\_\_  
Employer

Title

\_\_\_\_\_  
Street/PO Box

\_\_\_\_\_  
City

State

Zip Code

