

# WCEC CHARITABLE FUND, INC.

P. O. Box 31

El Campo, Texas 77437

979-543-6271

## 2019 APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

Please return completed application by 12/31/2018

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

Contact Person: \_\_\_\_\_

2. Address: \_\_\_\_\_

Street or Post Office Box

City or Town

State

Zip

3. Phone Number: \_\_\_\_\_

Work

Home

4. E-mail Address: \_\_\_\_\_

5. TIN or SS#: \_\_\_\_\_

6. Is organization requesting funding exempt from payment of income tax:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a copy of letter [Form 501(c)3] from Internal Revenue Service must be attached. Organizations requesting funds must qualify as exempt organizations under Section 501(c)3 of Internal Revenue Code and its regulations.

7. Is organization requesting funding affiliated with a state/national organization that provides periodic funding?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the name of the organization, the amount of funding, and the frequency of funding: \_\_\_\_\_

8. Number of individuals, families, or groups served in Wharton, Matagorda and Colorado Counties in last year: \_\_\_\_\_

9. Does agency/organization service outside of Wharton, Matagorda and Colorado Counties?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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Event or Project Name:

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\_\_\_\_\_

Date of event or project

\_\_\_\_\_

Date that the funding is needed by:

\_\_\_\_\_

In order to fulfill your request, would you be willing to accept funding before or after your event?  
YES NO

10. State purpose of Agency/Organizations request: (Include amount requested and specifics on how funds will be used.)
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11. List other sources of funding for use of request as described in the above:
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13. How are agency/organization programs measured for effectiveness?
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14. I understand that by submitting this application, I am authorizing inquiries and/or visitations to the organization/agency for the purpose of evaluating the authenticity of the information contained in this application. \_\_\_\_\_ (Initial)

**The information contained in this statement is for the purpose of obtaining funding from the WCEC Charitable Fund, 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 that the WCEC Charitable Fund, Inc. may consider this statement as continuing to be true and correct until written notice of a change is provided. The WCEC Charitable Fund, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. Additional documentation may be requested as needed.**

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

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

\_\_\_\_\_  
Date