



MAIL COMPLETED
APPLICATION AND
RELATED DOCUMENTS TO:

C.A.R.E. Charity, Inc.
P.O. Box 7388
Fredericksburg, VA
22404

PLEASE NOTE:
Applications must be
received by Tuesday,
February 28, 2012

Only one application
can be submitted for
review in a twelve
month period and
applicant must be
a resident in
Rappahannock Electric
Cooperative's service
territory.

Applicant may not
receive funding from
C.A.R.E. Charity, Inc.
more than once in
any 24 month period
and C.A.R.E. Charity, Inc.
will not provide funding
for payment of
Rappahannock Electric
Cooperative bills.

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BUSINESS REFERENCES

■ Please give three business references who are familiar with your organization.
(References may not be employees or members of the organization requesting funding. A director or employee of Rappahannock Electric Cooperative or CARE Charity, Inc. may not serve as a reference.)

1.	_____	_____	_____	_____
	BUSINESS NAME	REPRESENTATIVE'S NAME		
	_____	_____	_____	_____
	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
	_____	_____	_____	_____
	OFFICE PHONE #	ALTERNATE PHONE #	E-MAIL ADDRESS	
2.	_____	_____	_____	_____
	BUSINESS NAME	REPRESENTATIVE'S NAME		
	_____	_____	_____	_____
	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
	_____	_____	_____	_____
	OFFICE PHONE #	ALTERNATE PHONE #	E-MAIL ADDRESS	
3.	_____	_____	_____	_____
	BUSINESS NAME	REPRESENTATIVE'S NAME		
	_____	_____	_____	_____
	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
	_____	_____	_____	_____
	OFFICE PHONE #	ALTERNATE PHONE #	E-MAIL ADDRESS	

OTHER INFORMATION

■ The C.A.R.E. Charity, Inc. Board may need to table an application until the next meeting because of time constraints or insufficient information on an application. Can your application be tabled? Yes No

■ Can you proceed with partial funding of this request? Yes No

■ Comments: _____

The information contained in this application is confidential and is for the purpose of obtaining funding from C.A.R.E. Charity, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used to determine funding, and each undersigned represents and warrants that the information provided is true and complete and that C.A.R.E. Charity, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. C.A.R.E. Charity, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein. This information will remain confidential and shall not be used for any other purpose than consideration of this application. Each undersigned accepts and agrees to the disclosure and review of the information provided as is necessary for C.A.R.E. Charity, Inc. to evaluate the request for funding. Each undersigned accepts and agrees that the decision of whether to grant funding and the amount of funding offered is in the sole and complete discretion of C.A.R.E. Charity, Inc., and that by receiving this application, C.A.R.E. Charity, Inc. is making no promise or assurance that any funding will be offered.

LEGAL NAME OF ORGANIZATION

REPRESENTATIVE'S NAME & TITLE (PLEASE PRINT)

DATE

REPRESENTATIVE'S SIGNATURE

DATE

Incomplete applications will automatically be denied funding.