

LaFollette Electric Trust
Operation Roundup
Application for Community Project Funds

Requesting Agency _____
Address _____

Contact Person _____
Phone Number _____
Type of Agency _____

Project Description

Geographic Area/Number of People Who Will Benefit

Past Efforts to Obtain Funds

Timetable/Month for Implementing Project

Detailed Project Budget

Agency Financial Control

Financial Officers

Check Approval Process

Authorized Check Signature(s)

Audit Process

As a representative of the requesting agency, I certify that the above information is correct and that, if the project is funded, monthly reports will be provided to the LaFollette Electric Trust during implementation and that any remaining funds will be returned. Financial books will be available for review for six months after the project is completed.

Signature of Agency Representative

Agency

Date

Return completed application to:

LaFollette Electric Trust
Operation Roundup
P.O. Box 1411
LaFollette, TN 37766