



## Grant Application Form

Any bill dated July 1, 2017, or later is eligible for this program, as long as the customer satisfies the other requirements stated herein. To be eligible, an applicant must answer YES to all three questions:

- 1) Are you a place of worship that meets the criteria for a non-profit under Internal Revenue Code Section 501(c)(3)? If NO, you are not eligible. If YES, move to question 2.
- 2) Are you a current customer of Sharyland Utilities located in its Stanton, Brady, or Celeste service territories? To confirm, does your ESI ID number begin with "1003109..."? If NO, you are not currently served by Sharyland Utilities and are not eligible. If YES, move to question 3.
- 3) Are you currently being billed under a demand rate, commonly shown as a "per kW" rate? To confirm, please fax or scan and email a copy of your most recent bill. If NO, you are not eligible. If YES, you are eligible for a disbursement under this program that will equal one-half of the Sharyland charges you paid as shown in the monthly bill you submit along with this completed form. Customer eligibility will be verified.

Fund Name: Sharyland Utilities Place of Worship Assistance Fund		Fund Number:
Requested Amount:	\$	
Church Name:		Profile Number:
Phone Number:		
Mailing Address:		
City, State Zip		
Contact Name:		
Tax ID Number:		
ESI ID:		

This grant is for the following charitable purpose:  <i>Reimbursement of one-half of Sharyland charges paid, per attached bill</i>
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I attest that this organization meets the eligibility criteria listed above, and this payment does not represent a pledge or other financial obligation on behalf of this Fund. I understand that this is a recommendation only, and not a direction.

Signature:	
Printed Name:	Date:

Mail, fax or email to:  
 grants@dallasfoundation.org  
 The Dallas Foundation  
 3963 Maple Ave., Suite 390  
 Dallas, TX 75219  
 Fax: 214-741-9848

**Note:** Shaded areas are for office use only.