



Middle Tennessee
Natural Gas Utility District

PROJECT HOMETOWN HELP

P. O. Box 670
Smithville, TN 37166

1. Name of Group: _____

Mailing Address: _____

Physical Address: _____

2. Contact Person: _____

3. Telephone Number: _____ or _____

4. E-mail Address: _____

5. Summarize the purpose for which the requested funds will be utilized. _____

6. Total Amount Needed for the Described Project: \$ _____

7. Amount Requested from Project Hometown Help: \$ _____

8. State the geographic areas served by your group, the number of individuals served in those areas, and the number of years of service in the area: _____

9. Has the group been qualified as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code? YES NO
If so, attach a copy of the designation letter.

10. Do members of this organization contribute to MTNG'S PROJECT HOMETOWN HELP Program by agreeing to have their gas bills rounded up to the nearest dollar? _____

11. Please list three (3) references from outside your group who have knowledge of your programs and this request.

A. _____ (Name) _____ (Phone) _____ (E-mail)

_____ (Address) _____ (City, State, Zip)

B. _____ (Name) _____ (Phone) _____ (E-mail)

_____ (Address) _____ (City, State, Zip)

C. _____ (Name) _____ (Phone) _____ (E-mail)

_____ (Address) _____ (City, State, Zip)

12. Provide any other information that you believe will assist us in acting upon your request. Attachments up to three (3) pages will be accepted.

The information contained in this statement is for the purpose of obtaining funds from Middle Tennessee Natural Gas Utility District under its Project Hometown Help charitable purpose program. The undersigned warrants the truth of the information provided. Middle Tennessee Natural Gas Utility District is authorized to make all inquiries necessary to verify the accuracy of the statements made herein.

DATE

SIGNATURE