



CENTRAL GEORGIA EMC FOUNDATION
923 S. Mulberry Street
Jackson, Georgia 30233
Office (770) 775-7857 Fax (770) 504-7895



GRANT APPLICATION FOR ORGANIZATION/ AGENCY

1. Name of Organization/ Agency: _____

2. Address: _____
(Street or Post Office Box)

(City) (State) (Zip Code)

3. Contact Person: _____
(Name) (Title)

4. Phone Number: _____
(Day) (Evening)

5. A) Please describe your organization (check all that apply):
 Non-Profit Organization with 501(c)(3) status Government Organization
 Civic Organization

B) If a non-profit organization, please attach a copy of IRS letter Form 501(c)(3) for the organization.

6. Which of the following counties do you serve (check all that apply and list others if applicable)?

- Bibb Butts Clayton Fayette Henry
 Jasper Jones Lamar Monroe Morgan
 Newton Pike Putnam Spalding

Other counties served: _____

7. Have you received funding from Central Georgia EMC Operation Round Up within the past 24 months?
 Yes No

If yes, please list the amount and the date you received the funds?

8. Amount requested. _____

9. State the specific purpose of your organization's/agency's request and the date that funds are needed. (Include a project budget demonstrating how the funds will be used. Include any cost estimates for contract work or equipment purchases and when funds are needed. Please attach additional pages if needed.)

10. List all other sources of funding for the request and the amounts:

Organization Name:	Amount Requested:	Status of the Request (received/pending):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Please list three references:

Name _____	Phone _____
Title _____	Business _____
Address _____	
City _____	State _____ ZIP _____

Name _____	Phone _____
Title _____	Business _____
Address _____	
City _____	State _____ ZIP _____

Name _____	Phone _____
Title _____	Business _____
Address _____	
City _____	State _____ ZIP _____

The information contained in this statement is for the purpose of obtaining funding from the Central Georgia EMC Foundation on the behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Central Georgia EMC Foundation may consider this statement as continuing to be true and correct until a written notice of change is provided. The Central Georgia EMC Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. *A completed "Terms and Conditions to Award a Grant" form must accompany your application.*

The Foundation reports all funded projects to the cooperative's membership. By completing and signing this application, you are giving your permission to have information about your project reported, with the understanding that specific information about individual recipients or other obviously confidential information will be protected.

Name of Organization

Signature of Representative	Title	Date
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Signature of Representative	Title	Date
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