

# Central Georgia EMC Foundation

923 S. Mulberry Street / Jackson, Georgia 30233  
Phone (770) 775-7857 / Fax (678) 688-4291  
[www.cgemc.com](http://www.cgemc.com)

Central Georgia  
EMC  
Foundation  
Board Members

Jesse Duffey  
Chair

Elaine Grubbs  
Vice Chair

Ella Allen  
Secretary/Treasurer

Randy Dougherty

Daran Paden

Virginia Remick

Russell Watts

Dear Community Organization,

I would like to introduce you to a foundation formed by the members of Central Georgia EMC.

Central Georgia EMC Foundation is designed to address charitable needs and provide financial assistance in the 14 counties served by Central Georgia EMC. Contributions are made to the Foundation by Central Georgia EMC members, who elect to have their monthly bill rounded up to the nearest dollar.

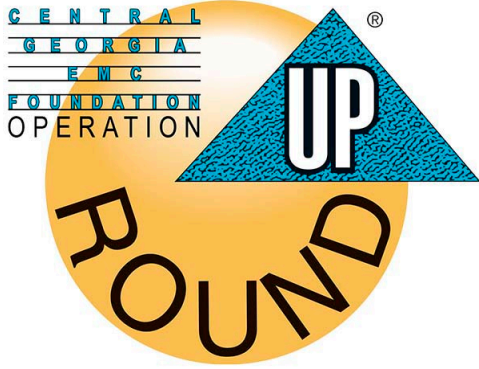
Organizations are invited to submit an application to the Foundation. The Foundation Board will review grant requests and administer the funds, based on the merit of each grant application and available funds.

Attached is an application for funding and guidelines for the application. You can also access the application on our website, [www.cgemc.com](http://www.cgemc.com). We would welcome your application should your organization or agency have a worthwhile project. Grants will be awarded on an ongoing monthly basis.

Thank you for your interest in the Central Georgia EMC Foundation. Should you have questions about this application, please contact the Operation Round Up Coordinator at 770-504-7904 or via e-mail at [roundup@cgemc.com](mailto:roundup@cgemc.com).

Sincerely,

George Weaver  
President/CEO  
Central Georgia EMC



## CENTRAL GEORGIA EMC FOUNDATION, INC.

923 S. MULBERRY STREET  
JACKSON, GEORGIA 30233  
OFFICE (770)775-7857 FAX (678)688-4291

### APPLICATION GUIDELINES

- All funding request made to the Foundation must be in writing and may require a formal presentation.
- Funds will be distributed to organizations that qualify as exempt under Internal Revenue Service Section 501(c)(3), government institutions, and civic organizations.
- Contributions will be granted in the following categories: 1) health and human services and 2) education.
- The application must be received by the first day of the month to be considered for that month's meeting.
- The maximum of a single application is \$5,000, with a maximum contribution of \$10,000 per year to an organization.
- The following are excluded from contributions:
  - Payment of Electric Bills
  - Lobbying groups or political causes
  - Ongoing operational expenses
  - CGEMC Foundation Directors and family of Foundation Directors
  - CGEMC Board of Directors and family of CGEMC Board of Directors
  - CGEMC employees or family of employees

### APPLICATION CHECKLIST FOR ORGANIZATION/AGENCY

- ☐ Organization's statement of purpose and objectives
- ☐ Project description
- ☐ Project goals and objectives
- ☐ Explanation of how funds will be used
- ☐ Proposed budget of project for which funds are being requested
- ☐ If applicable, a copy of current IRS determination letter indicating 501 (c) (3) tax-exempt status.
- ☐ List of Board of Directors affiliated with the organization
- ☐ Signature of person(s) making the request. (If application is from a school, a letter of approval from the principal/superintendent must accompany the application.)

### MAIL OR DELIVER PACKAGE TO:

Central Georgia EMC Foundation, Inc.  
Attn: Tina Kitchens  
923 S. Mulberry Street  
Jackson, Georgia 30233

**Central Georgia EMC Foundation  
Terms and Conditions  
To Award a Grant**

**1. General**

This grant is subject to the laws and regulations of the State of Georgia and the United States.

**2. Audit**

The Central Georgia EMC Foundation (here on referred to as the “Foundation”) reserves the right to audit, or have audited, the financial records of the Grantee for the year in which funds were received from the Foundation.

**3. Access to Records**

Financial records, supporting documents, statistical records, and all other records pertinent to a Grant shall be retained by the Grantee for a period of three years from the date of the Grant.

**4. Earned Interest**

Grantees who earn interest on their Grant may keep and use the interest to further fund the Grant award.

**5. Grantee-Acquired Property**

Title to all tangible personal property purchased by the Grantee with Grant funds shall be deemed to have been vested in the Grantee upon purchase. All tangible personal property purchased with Grant funds shall be identified with a Central Georgia EMC Foundation sticker, provided by the Foundation, or other means as practical.

**6. Publications**

By accepting the Grant, the Grantee gives express consent to the Foundation that it may take and distribute pictures and stories about the Grant and Grantee. The Grantee agrees that when releasing information relating to this Grant, the release shall include a statement to the effect that the project or effort undertaken was or is funded (or partially funded) by the Central Georgia EMC Foundation. For the purpose of this clause, distributed information includes pictures, news releases, articles, manuscripts, brochures, advertisements, still and motion pictures, speeches, and proceedings.

**7. Officials Not to Benefit**

No member of the Board of the Central Georgia EMC Foundation or the members of the Grantees Board of Directors shall individually benefit from any share or part of this Grant, or to any benefit arising from it.

**8. Nondiscrimination**

By accepting funds under this Grant, the Grantee assures that it will comply with applicable provisions of the following national laws or regulations prohibiting discrimination including but not limited to:

- On the basis of race, color, or national origin, in Title VI of the Civil Right Act of 1964 (42 U.S.C. 2000d, et seq.)
- On the basis of sex or blindness, in Title IX of the Education Amendment of 1972 (20 U.S.C. 1681, et seq.)
- On the basis of age, in the Age Discrimination Act of 1975 (42 U.S.C. 6101, et seq.) as implemented by the Department of Health and Human Services regulations at 45 CFR Part 90.
- On the basis of handicap, in Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as implemented by the Department of Justice regulations at 28 CFR Part 41.

**9. Assurances of the Grantee**

The Grantee assures the Foundation that this Grant does not fund capital campaigns or endowments and will not be used for lobbying or political campaigns. The Grantee further assures the Foundation that none of this money will be used internationally.

**10. No Partnership or Joint Venture Created**

Neither any Grant by the Central Georgia EMC Foundation nor any acceptance of a Grant by a Grantee shall create any partnership, joint venture, agency, or other relationship by or between the Foundation and the Grantee, each to be considered separate and apart from the other.

**11. Indemnification**

Should it be determined at any time, through audit or otherwise, that any funds granted by the Foundation to any Grantee are used contrary to the terms and conditions set out herein or any law or regulations, or in violation of the bylaws of the Grantee or of the Foundation, then the Grantee shall indemnify and return such funds to the Foundation.

Signed by:

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Jesse Duffey, Foundation Chairman

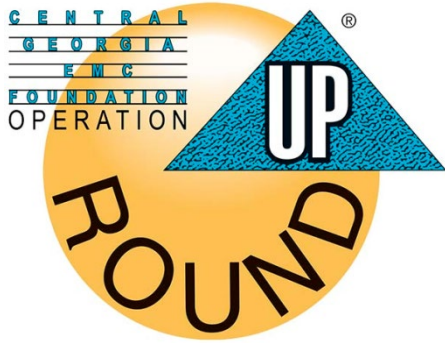
\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Representative

\_\_\_\_\_  
Date

Email address to send photos:\_\_\_\_\_



CENTRAL GEORGIA EMC FOUNDATION  
923 S. Mulberry Street  
Jackson, Georgia 30233  
Office (770) 775-7857  
Fax (678) 688-4291



### 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. Please state amount of funding requested for this grant:\_\_\_\_\_

9. List all other sources of funding for the requests and amounts (including fundraisers), if no other sources, please list none:

Organization Name	Amount Requested	Status of the Request
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. What counties will be serviced by this funding request?

- |                                 |                                |                                  |                                   |                                 |
|---------------------------------|--------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Bibb   | <input type="checkbox"/> Butts | <input type="checkbox"/> Clayton | <input type="checkbox"/> Fayette  | <input type="checkbox"/> Henry  |
| <input type="checkbox"/> Jasper | <input type="checkbox"/> Jones | <input type="checkbox"/> Lamar   | <input type="checkbox"/> Monroe   | <input type="checkbox"/> Morgan |
| <input type="checkbox"/> Newton | <input type="checkbox"/> Pike  | <input type="checkbox"/> Putnam  | <input type="checkbox"/> Spalding |                                 |

Other counties served: \_\_\_\_\_

11. Organization's statement of purpose and objectives. *(Please attach up to a maximum of 2 pages. Please be specific about what you do.)*

12. State the specific purpose of your organization's/agency's funding request. Provide as much detail as possible to provide the Board with a thorough understanding of your request. *(Please attach up to a maximum of 3 pages- not including bids.)*

Outline:

- A. Project Description
- B. Project goals and objectives
- C. Explanation of how funds will be used. (Be Specific)
- D. Project budget and when the funds will be needed. **Include two or more cost estimates for contract work or equipment purchases, when available.**

13. If partial funding is awarded, will you be able to complete this project/program within 90 days?

☐Yes

☐No

14. 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

\_\_\_\_\_  
Printed Name                      Signature                      Title                      Date

\_\_\_\_\_  
Printed Name                      Signature                      Title                      Date