



# Oconee EMC Foundation, Inc.

Post Office Box 37 | 3445 Highway 80 W | Dudley, GA 31022

[www.oconeeemc.com](http://www.oconeeemc.com)

[alexis.hughes@oconeeemc.com](mailto:alexis.hughes@oconeeemc.com)



## GRANT APPLICATION

Please TYPE or PRINT Information

TYPED Application Preferred

After application has been received and reviewed by Oconee EMC Foundation, Inc., you will be contacted relative to a date to appear before the board to make a brief (five minute) presentation. Only the first FIVE (5) applications will be accepted per quarter. The remaining applications will be reviewed the following quarter.

**NOTE:** If you have received a previous grant, your current request is more apt to be denied or rejected if you reapply prior to the lapse of 24 months; however, applications will be considered after the lapse of 12 months.

### ORGANIZATION'S PROJECT

Organization Website:

Legal Name of Organization:

Address:

Name|Title of Person Submitting Form:

Telephone\*:

Fax Number\*:

E-Mail Address\*:

Is the requesting organization exempt from paying income tax? If yes, please attach a copy of Internal Revenue Service letter or Form 501 (c) (3) to verify this distinction.

**Applications will not be processed without this information.**

Please identify the geographic area served by this project:

Where possible, please breakdown the number of individuals, families, or groups that this organization served last year in the following counties:

Baldwin

Bleckley

Laurens

Wilkinson

Bibb

Dodge

Twiggs

Other:

Amount of Funding Requested: \$

Project Funding Period:

*Beginning*

*Ending*

List other sources of funding that have been secured to meet the above request:

*Once project has ended, please send documentation to [alexis.hughes@oconeeemc.com](mailto:alexis.hughes@oconeeemc.com).*

How is the effectiveness of the program measured:

If organization has ever received funding from OEMC Foundation, please attach an itemized statement of how those funds were used.

This information is for the purpose of obtaining funds from the Oconee EMC Foundation, Inc. on behalf of the undersigned. Each undersigned understands that information provided herein is used in deciding to grant funds, and each undersigned represents and warrants that information provided is true and complete and that the Oconee EMC Foundation, Inc. may consider these statements to be true and correct until a written notice of change is provided. The Oconee EMC Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. The Oconee EMC Foundation, Inc. Board of Trustees makes donations from funds collected through the Oconee EMC Operation Round-Up Program. These funds are voluntary contributions from participating Oconee EMC member-owners.

Name of Organization	Signature of Representative	Date
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Additional pages or documentation may be attached to application.

Applications, along with 10 copies should be mailed to:  
Alexis Hughes, C/O Oconee EMC  
P.O. Box 37 | Dudley, GA 31022

**The following MUST accompany this application: (All documentation must be typed)**

- Organization’s Mission Statement or Statement of Purpose
- Project Description
- Project Goals and Objectives
- IRS 501 (c) (3) documentation-if applicable
- List of Board of Directors (include addresses and phone numbers
- Budget and cash flow statements for the current year
- List of current funding sources
- Three letters of recommendations from local businesses (If available, letters should be on company letterhead; otherwise, name, address and phone numbers should be provided.)

**OCONEE EMC FOUNDATION, INC.**

## GRANT APPLICATION OUTLINE FOR PROPOSED PROJECT

**INSTRUCTIONS:** Provide the complete budget for proposed project including expenses to be paid by sources other than funds requested from Oconee EMC Foundation, Inc.

**FUNDS WILL NOT BE GRANTED FOR GENERAL EXPENSES OR UTILITIES FOR ORGANIZATIONS.**

Organization:

Project:

Project Funding Period:

## Beginning

## Ending

BUDGET CATEGORY	DESCRIPTION	AMOUNT REQUESTED	ADDITIONAL FUNDS REQUIRED	TOTAL FUNDS REQUIRED	ADDITIONAL FUNDING SOURCE
EQUIPMENT COSTS					
BUILDING COSTS					
OTHER (LIST)					
TOTALS					

For Ocone EMC Foundation Office Use Only

Date:	Reviewed By:	Tracking #:
Amount Requested: \$	Amount Awarded: \$	Check #: