



Oconee EMC Foundation, Inc.

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



www.oconeeemc.com
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 (5 minute) presentation . Funds will not be granted for general expenses or utilities for organizations. 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:

1. Legal Name of Organization:

2. Address:

3. Name/Title of Person Submitting Form:

4. Telephone Number: *

5. Fax Number: *

6. E-Mail Address: *

Organization Website:

7. 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.**

* Person submitting application

8. Please identify the geographic area served by this project.

9. 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:

10. State the amount of funding requested:

11. State funding period for project: Begins: _____ Ends: _____

12. List other sources of funding that you have secured to meet the above request:

13. How do you measure the effectiveness of your programs?:

14. Has this organization ever received funding from the Oconee EMC Foundation, Inc.? If yes, please provide an itemized statement of how those funds were used and attach to this application.

This information is for the purpose of obtaining funds from the 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 customers.

Name of Organization

Signature of Representative

Date

Additional pages or documentation may be attached to application.

Applications, along with 10 copies should be mailed to:

Alexis Hughes, C/O Oconee EMC

PO 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
- Latest Annual Report is available
- Audited financial statements (last 2)
- Budget and cash flow statements for the current year
- List of current funding sources
- Three letters of recommendations from business associates
(must be familiar with but not affiliated with the organization-these letters must be typed and signed)

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.

Organization: _____

Project: _____

Date Funding Period Begins: _____

Date Funding Period Ends: _____

Budget Category	Description	Amount Requested from Oconee EMC	Additional Funds Required	Total Funds Required	Additional Funding Source	
					Received	Requested
Operating Expenses						
Equipment Costs						
Building Costs						
Other (list)						
Totals						

For Oconee EMC Foundation Office Use Only

Date: _____	Reviewed By: _____	Tracking No. _____
Amount Requested: \$ _____	Amount Awarded: \$ _____	Check _____