



Phone: 706-492-3251 Fax 706-492-3255
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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)?
- Fannin County Georgia
 - Polk County Tennessee
 - Cherokee County North Carolina

Other counties served: _____

7. Have you received funding from Tri-State 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. _____ (Financial awards are generally limited to not more than \$10,000 annually to any group, organization, charity or like organization).

9. Please explain the purpose of your organization's request and how the funds will be used. (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 page or pages for this explanation.**

9a. If your organization is awarded an Operation Roundup grant, will that money be used immediately? If not, when will the money be 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 _____

12. Email: _____

The information contained in this statement is for the purpose of obtaining funding from the Tri-State 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 the Tri-State EMC Foundation may consider this statement as continuing to be true and correct until a written notice of change is provided. The Tri-State 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

Signature of Representative

Title

Date