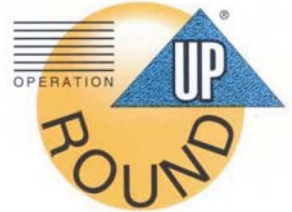




SUMTER EMC FOUNDATION
 Post Office Box 1048
 Americus, Georgia 31709-1048
 229-924-8041



GRANT APPLICATION
 (Please Type or Print Information)

1. Name of Organization: _____

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

 (City) (State) (Zip Code)

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

4. Telephone Number: _____
 (Work) (Home)

5. Fax Number: _____

6. E-mail Address: _____ Website: _____

7. Is the organization requesting funds exempt from paying income tax? _____

If yes, please attach a copy of Internal Revenue Service determination letter (or other proof of non-taxable status) to verify this distinction.

If your organization is not exempt under 501(c)(3), you must show in the project description satisfactory evidence that the funds will be dedicated and used for the purposes listed in section 501(c)(3) of the code.

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:

_____ Chattahoochee	_____ Dougherty	_____ Lee	_____ Marion
_____ Quitman	_____ Randolph	_____ Schley	_____ Stewart
_____ Sumter	_____ Terrell	_____ Webster	

10. Does organization serve individuals, families, or groups outside the counties mentioned previously? If yes, provide information on the number served and locations. _____

11. State amount of funding requested: _____

12. State Funding Period for project: Begins: _____ Ends: _____

13. State specific purpose of your organization's/agency's request. (Include specific details on how funds will be used. Include cost estimates for contract work or equipment purchases.)

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

15. How do you measure the effectiveness of your programs? _____

16. How many people will directly benefit from this project? _____

17. Please list three references.

Name Telephone

Address City State Zip Code

Name Telephone

Address City State Zip Code

Name Telephone

Address City State Zip Code

Attachments

Please provide a copy of:

- 18. The organization’s Internal Revenue Service tax exemption determination letter.
- 19. The most previous year’s financial statement(s) (both Balance Sheet and Operating Report).
- 20. The organization’s current annual budget.
- 21. The budget for this project – if different from organization budget listed above.

This information is for the purpose of obtaining funds from the Sumter EMC Foundation on behalf of the undersigned. Each undersigned understands and acknowledges that the information provided herein is used by the Board of Trustees of the Foundation in determining whether to grant funds pursuant to this application, and each undersigned represents and warrants that the information provided in this application is true, correct, and complete and that the Sumter EMC Foundation may consider the information and the statements contained herein as continuing to be true, correct, and complete until written notice of a change in such information is provided to the Foundation. The Sumter EMC Foundation is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made in the application. While the Sumter EMC Foundation will make every reasonable effort to maintain confidentiality of private, confidential, or proprietary information appearing in the application, the undersigned applicant hereby waives any claim or claims for loss or damage of any type whatsoever that such applicant may incur or claim to incur as a result of any release of such private, confidential, or proprietary information to third parties. The Sumter EMC Foundation Board of Trustees makes donations from funds collected through the Sumter Electric Membership Corporation Operation Roundup Program. These funds are voluntary contributions from participating Sumter Electric Membership Corporation customers. **Additional Pages or Documentation Can Be Attached to Application. Application Should Be Mailed To: Dianne Varnum, c/o Sumter EMC, Post Office Box 1048, Americus, Georgia 31709-1048.**

Name of Organization

Signature of Representative

Date

SEMF Form 0902 R 11/02

Sumter EMC Foundation

Grant Application Budget For Proposed Project

Instructions:

Provide the complete budget for proposed project including expenses to be paid by sources other than funds requested from Sumter EMC Foundation.

Organization: _____ **Project** _____

Date Funding Period Begins: _____ **Date Funding Period Ends:** _____

Budget Category	DESCRIPTION	AMOUNT REQUESTED FROM SUMTER EMC	ADDITIONAL FUNDS REQUIRED	TOTAL FUNDS REQUIRED	ADDITIONAL FUNDING SOURCE
1. Operating Expenses					
2. Equipment Costs					
3. Building Costs					
4. Other: (list)					
Totals					

For Sumter EMC Foundation Office Use Only

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