



Upson EMC Foundation, Inc.

Post Office Box 31
Thomaston, Georgia 30286
706-647-5475

APPLICATION FOR DONATION
(ORGANIZATION/AGENCY)
(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) (Cell)
5. Email Address: _____
6. Employer Identification Number (EIN): _____ Website: _____
7. Is organization that requests funds 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.
8. Please provide a copy of the previous year's financial statement(s).
9. Please list the counties that this organization serves. And, where possible, please breakdown the number of individuals, families or groups that this organization served last year in the following counties: Upson, Pike, Talbot, Meriwether, Crawford and Taylor. _____

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

11. State specific purpose of your organization's/agency's request. (Include amount requested and specific details on how funds will be used. Include cost estimates for contract work or equipment purchases.)
 - A) Specific Purpose: _____
(use additional sheet of paper if necessary)
 - B) Amount Request: _____
 - C) The provisions awarded do not include salaries for primaries or employees of organization.
 - D) "Not more than \$10,000.00 will be awarded annually to any group, charity or like organization."
(Bylaws of Upson EMC Foundation, Inc. -Article XXIII.)

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 Upson EMC Foundation? If yes, please provide an itemized statement of how those funds were used and attach it to this application. _____

15. Please list three references.

1. _____
Name Telephone

Address City State Zip Code

2. _____
Name Telephone

Address City State Zip Code

3. _____
Name Telephone

Address City State Zip Code

This information is for the purpose of obtaining funds from the Upson 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 Upson EMC Foundation, Inc. may consider these statements as continuing to be true and correct until a written notice of change is provided. The Upson EMC Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. The Upson EMC Foundation, Inc. Board of Directors makes donations from funds collected through the Upson EMC Operation Round-up Program. These funds are voluntary contributions from participating Upson EMC customers.

Additional pages or documentation can be attached to application.

Applicant is responsible for providing Upson EMC 10 complete copies of application.

Applications should be mailed to Upson EMC, Post Office Box 31, Thomaston, Georgia, 30286.

Name of Organization

Signature of Representative

Date