



Application for Organization/Agency

How can an organization apply for funding?

Applications may be obtained by mail, website or at one of our local offices, and are accepted by mail or by dropping off at one of our local offices. Grants for organizations are limited to a maximum of one grant up to \$20,000 in a 12 month period.

How is the Jackson EMC Foundation funded?

The Jackson EMC Foundation is funded by Operation Round Up, a nationally-recognized program funded by Jackson EMC members. Participating members voluntarily have their monthly electric bill rounded up to the next dollar amount, contributing an average of \$6 annually. For more information visit www.jacksonemc.com/jemcfoundation or email jemcfoundation@jacksonemc.com.

Who is eligible for funding?

To be eligible, you must conduct business in at least one of the 10 counties that Jackson EMC serves: Banks, Barrow, Clarke, Franklin, Gwinnett, Hall, Jackson, Lumpkin, Madison, and Oglethorpe.

What is the selection process?

Funds are administered by volunteer members of the Jackson EMC Foundation Board. The decisions made by the board are based on the funds available and the community impact of requests being considered. All applicants will be notified within 30 days of the board's decision.

This is a list of items which **Do Not Qualify** for funding:

- Churches & religious organizations (except for church affiliated programs when there is a direct community impact involved)
- Schools & preschools
- Lobbying, political organizations, or campaigns
- For-profit organizations

Submit applications to:

Jackson EMC Foundation, Inc.
Attn: Lori Worley
P.O. Box 38 or 850 Commerce Hwy
Jefferson, GA 30549

Phone 706-367-6295 ext 2
Fax 706-367-6451

Application Checklist

Please check the following boxes if you have included the items with your application.

- IRS 501(c)(3) letter
- List of Board of Directors (include name and address)
- Previous year audited financial statement and current year financials (profit & loss)
- Projected budget for program
- Statistics by county of individuals served by program you are requesting funds for.
- Program description
- Program goals and objectives
- Specific, itemized breakdown of how the funds will be used
- Description of how your organization measures effectiveness of this program
- Any other information

Application for Organization/Agency

Organizational Information

Date of Application: _____

Legal Name of Organization: _____

Address (physical & mailing): _____

Street and/or P.O. Box

City	State	Zip Code	County
------	-------	----------	--------

Contact Persons: _____ Title: _____

Phone: _____ Direct Phone: _____

Fax: _____ Website: _____

Email: _____

Please describe your organization:

- Governmental Agency
 Civic
 Education
 Private Organization
 Other
 501(c)(3) tax exempt organization

Which of the following counties does your organization serve: (Check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Banks | <input type="checkbox"/> Franklin | <input type="checkbox"/> Jackson | <input type="checkbox"/> Madison |
| <input type="checkbox"/> Barrow | <input type="checkbox"/> Gwinnett | <input type="checkbox"/> Lumpkin | <input type="checkbox"/> Oglethorpe |
| <input type="checkbox"/> Clarke | <input type="checkbox"/> Hall | | |

Please list any additional counties you may serve: _____

Request

Amount of Request: _____

Program Name: _____

List other funding sources for this request. Include name, amounts & whether approved, committed, pending, etc.

Source #1 _____ Amount _____ Status _____

Source #2 _____ Amount _____ Status _____

Source #3 _____ Amount _____ Status _____

Please provide the following information on a separate sheet of paper:

- Organization Description (Specific – 1 page maximum)
- Program Description (Specific – 1 page maximum)
- Program Goals and Objectives (Specific – 1 page maximum)
- Breakdown of how the funds will be used (specific dollar amounts)
- How does your organization/agency measure effectiveness (number of people served, program results, etc.)?
- Any other information you feel is important to know about your program (mission statement, etc.)

The following **MUST** be sent in with your application:

- IRS 501 (c)(3) letter
- List of Board of Directors
- Projected budget for program
- Previous year audited financial statement and current year financials (income statement & balance sheet)
- Statistics by County of individuals served and/or community impact for program

Business References

Please list three business references who are familiar with your organization

Business Name: _____ Phone: _____

Contact Name: _____

Address: _____

Business Name: _____ Phone: _____

Contact Name: _____

Address: _____

Business Name: _____ Phone: _____

Contact Name: _____

Address: _____

Grant Info

Have you ever received a grant from the Jackson EMC Foundation? Yes _____ No _____

If yes, date of Grant: _____ Amount of Grant: _____

(Attach copy of grantee report previously submitted.)

Limitations

Because of budget limitations and foundation bylaws, Jackson EMC Foundation, Inc. will not consider the following:

- Paying of electric or gas bills
- Lobbying, political organizations or campaigns
- Fundraising dinners, raffles and other events
- General fundraising
- Advertising
- General operating expenses

The information contained in this application is for the purpose of obtaining funding from the Jackson EMC Foundation, Inc., on behalf of the undersigned represents and warrants that the information provided is true and complete and that the Jackson EMC Foundation, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Jackson EMC Foundation, Inc. is authorized to make all inquiries it deems necessary to verify accuracy of the statements made herein. The Jackson EMC Foundation Board of Directors makes donations from funds collected through the Jackson EMC Operation Round Up Program. These funds are voluntary contributions from participating Jackson EMC members.

Date: _____ Name of Organization: _____

Name of Representative: _____

Signature of Representative: _____