



9. List other sources of funding for use of request as described in the above:

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10. Please list three references.

Name				Phone
Address	City	State	Zip Code	
Name				Phone
Address	City	State	Zip Code	
Name				Phone
Address	City	State	Zip Code	

11. Are you presently contributing to the Operation Round-Up Program? Yes / No (circle one)

12. Are you located within the service area of Amicalola EMC? Yes / No (circle one)

**The information contained in this statement is for the purpose of obtaining funding from the Amicalola EMC Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Amicalola EMC Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Amicalola EMC Trust is authorized to make all inquiries they deem necessary including, but not limited to, a credit bureau history check to verify the accuracy of the statements made herein. Total allocations for organizations will ordinarily not be made for more than \$10,000.00 in a calendar year.**

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**NAME OF ORGANIZATION**

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**SIGNATURE OF REPRESENTATIVE**

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**DATE**