



OFFICE USE ONLY	
Total Previous Donations	_____
Last Donation	_____
Application Received	_____

**Amicalola EMC Trust
544 Hwy 515 South
Jasper, GA 30143
(706) 253-5200**

**APPLICATION FOR DONATION
FOR ORGANIZATION / AGENCY**

1. Name of Organization: _____

Address: _____
Street or Post Office Box

City	State	Zip Code
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Counties served by this organization: _____

Contact Person: _____

Name	Title
------	-------

Contact e-mail and phone number: _____

E-mail	Phone
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2. Is organization requesting funding exempt from payment of income tax:
Yes ___ No ___ If yes, a copy of letter, Form 501(c)(3) from Internal Revenue Service must be attached.

3. Attach a copy of financial statement(s) and/or budget for most current year.

Note: Operation Round-Up funds may be awarded to qualifying individuals and 501(c)(3) charitable organizations for the following purposes: **food, shelter, clothing, health needs and education.**

4. State purpose of this request: **(Please itemize the costs and state how the funds will be used below. Incomplete applications will be returned.)**

Amount Requested: \$ _____

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

6. 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

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

8. 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.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE **DATE**