

COWETA-FAYETTE TRUST, INC.



807 Collinsworth Road
Palmetto, GA 30268
770-502-0226, FAX 770-251-9788

*Incomplete applications will
NOT be considered.*

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

AGENCY INFORMATION

Name of Organization _____

Address _____

Street or P.O. Box

City

State

Zip Code

Phone Number _____

Work

Home

Other (specify)

Contact Person: _____

Name

Title

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.

A copy of financial statement(s) for most previous year MUST be provided.

Number of individuals, families or groups served in Coweta, Fayette, Fulton, Heard, Meriwether, Spalding, Troup or Clayton Counties last year: _____

Does agency serve outside counties listed above? Yes No. If Yes, please provide information on number served and location. _____

REQUEST

State purpose of Organization/Agency Request: (Please list amount of request and specifics of how funds will be used.) Copies of bids/estimates, invoices, project description/plans, etc., supporting your request MUST be attached.

REQUEST

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

Horizontal lines for listing other sources of funding.

How are agency's programs measured for effectiveness?

Horizontal lines for describing how programs are measured for effectiveness.

REFERENCES

Please list three references (References may not be given by a director or employee of Coweta-Fayette Electric Membership Corporation or Coweta-Fayette Trust.)

Form for listing three references, including fields for Name, Address, and Phone for each.

The information contained in this statement is for the purpose of obtaining funding from the Coweta-Fayette 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 Coweta-Fayette Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Coweta-Fayette Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization

Signature of Representative Date

IMPORTANT APPLICATION INFORMATION: Operation Round Up Trust board meets in January, March, May, July, September and November. Applications must be received at Coweta-Fayette EMC by the 20th day of the month before the meeting. Example: June 20 is the deadline for the July meeting, etc. Please follow instructions on the application carefully and include ALL information requested. NOTIFICATION: You will be notified by mail of the Board's decision on the request.