



## SAWNEE ELECTRIC MEMBERSHIP FOUNDATION

### APPLICATION CHECKLIST FOR ORGANIZATIONS/AGENCIES

(Please return with application)

- Entire application completed (Please do not staple documents)
- Copy of current IRS determination letter indicating 501 (c)(3) or 501 (c)(4) tax-exempt status
- List of Board of Directors with affiliations
- Finances:
  - a) Current annual operating budget, including expenses and revenues
  - b) Most recent annual financial statement (independent audit or Form 990)
- Letter of support (optional)
- Annual Report
- Mail or deliver this application to:

**Sawnee Electric Membership Foundation, Inc.  
P.O. Box 1174  
543 Atlanta Highway  
Cumming, Georgia 30028**



**SAWNEE ELECTRIC MEMBERSHIP FOUNDATION**

P.O. Box 1174  
Cumming, Georgia 30028  
(770) 887-2363  
Fax (678) 513-8106

**GRANT APPLICATION FOR ORGANIZATION/AGENCY**

1. Name of Organization \_\_\_\_\_

2. Address: \_\_\_\_\_

Street or Post Office Box

City or Town

State

Zip

3. Contact Person: \_\_\_\_\_

Name

Title

4. Federal Tax Identification Number: \_\_\_\_\_

5. Daytime Phone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Is Organization requesting funding exempt from payment of income tax?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please attach a copy of IRS letter Form 501(c)(3) or 501 (c)(4) for the organization.

8. A copy of the most recent financial statements should be provided.

9. Have you previously received funding from Operation Round-Up? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list ALL grants received from the Sawnee EMC Foundation and the date(s) you received the funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. State Purpose of Organization / Agency Request: (Include amount requested and **specifics** of how funds will be used. Use additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Sawnee Electric Membership Foundation on behalf of the undersigned. Each undersigned acknowledges 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 Sawnee Electric Membership Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. Sawnee Electric Membership Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made here.

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Name of Organization

Signature of Representative

Date

FOR OFFICIAL USE ONLY

SIGNATURE OF  
SAWNEE FOUNDATION OFFICERS

APPROVED

\_\_\_\_\_ Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_