Coastal Electric Cooperative
FOUNDATION
PO Box 109
Midway, Ga 31320
(912) 884-3311

Application for Donation

Agency/Organization

Agency/Organization Name			
PO Box/Street	City	State	Zip
Contact Person	Title		
Contact Phone Numbers Day: ( ) - Night: ( ) -	Amount Requested $		

Grant Request Information

Purpose of request. Include specifics on how funds will be used and itemized costs of contract work and equipment needed.
(Attach additional pages if necessary.)

Other Sources Of Assistance That Have Been Applied For And/Or Received That Will Be Used On This Project (List)

$	$
$	$

The information contained in this statement is for the purpose of obtaining funding from the Coastal EMC Foundation, Inc. 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 Coastal EMC Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Coastal EMC Foundation, Inc. is authorized to make all inquires them deem necessary to verify the accuracy of the statements made herein.

Agency/Organization Name	Authorized Signature	Date

Effectiveness
How are programs measured for effectiveness? (Attach additional pages if necessary)

Community Impact
Number of individuals, families, or groups served in Bryan, Liberty, Long, McIntosh Counties
Number of individuals, families, or groups served outside of Bryan, Liberty, Long, McIntosh Counties
Counties where these recipients reside

Tax Status
Is the agency/organization exempt from the payment of income tax? ____ Yes ____ No (If "Yes", attach a copy of the emption letter from the IRS (Form 501(c)3).

Financial Condition
Attach copies of most recent financial statements

References (May Not Be Affiliated with Coastal EMC Foundation or Coastal EMC)		
Name	City	Phone # ( ) - .
Name	City	Phone # ( ) - .
Name	City	Phone # ( ) - .