



# HABERSHAM EMC FOUNDATION, INC.

P. O. Box 25 \* 6135 State Hwy. 115 W. \* Clarkesville, GA 30523  
(706)754-2114 or (800)640-6812 Fax (800)640-6813 E-Mail:  
[forinfo@hemc.coop](mailto:forinfo@hemc.coop)

For Office Use Only

## Application for Organization/Agency

*Incomplete applications will automatically be denied assistance*  
Please type or print clearly with dark ink

Organization Information

- Legal Name of Organization: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Name/Title/Address of Person Submitting Application: \_\_\_\_\_  
\_\_\_\_\_
- Direct Phone #: \_\_\_\_\_ Date of Application: \_\_\_\_\_
- Name/Address of Board Chairman: \_\_\_\_\_  
\_\_\_\_\_
- Is your organization an IRS 501 © not-for-profit? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever received a grant from Habersham EMC Foundation, Inc.? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, date of Grant: \_\_\_\_\_ Amount of Grant: \_\_\_\_\_  
(Attach copy of grantee report previously submitted)
- *Organizations that have received a grant in the past 24 months are not eligible to apply*

Request

- Amount of Request: \_\_\_\_\_
- Project Name: \_\_\_\_\_
- List individually other funding sources for this request. Include amounts and whether received, committed, or projected/pending:
  - Source # 1 \_\_\_\_\_ Amount \_\_\_\_\_ Status \_\_\_\_\_
  - Source # 2 \_\_\_\_\_ Amount \_\_\_\_\_ Status \_\_\_\_\_
  - Source # 3 \_\_\_\_\_ Amount \_\_\_\_\_ Status \_\_\_\_\_
- **The following MUST accompany this application**
  1. Organization Description (General-1 page maximum)
  2. Project Description (Specific-1 page maximum)
  3. Project Goals and Objectives (Specific-1 page maximum)
  4. IRS 501 © documentation
  5. List of Board of Directors
  6. Latest annual report, if available
  7. Audited financial statements (last 2)
  8. Budget and cash flow statements for the current year
  9. List of current funding sources
  10. Explanation of how funds will be used

**Business References**

- **Please give three business references that are familiar with your organization.** (References may not be employees or members of the organization funding)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Limitations**

- **Because of budget limitations, trust bylaws, or tax law, the Habersham EMC Foundations, Inc. will generally not consider the following:**

1. Political organizations or campaigns
2. General operating expenses
3. Endowment campaigns
4. Fraternal organizations, professional associations or membership groups

The information contained in this application is for the purpose of obtaining funding from the Habersham EMC Foundation, Inc. on behalf of the undersigned. The undersigned agrees that the information provided in this application is used to determine grant funding and each undersigned guarantees that the information provided is true and complete and that the Habersham EMC Foundation, Inc. may consider this application as continuing to be true and correct until notice of a change is provided. The Habersham EMC Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of this application.

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Representative Signature**

\_\_\_\_\_  
**Board Officer Signature**

\_\_\_\_\_  
**Date**

Mail completed application and related documents to:

Kenneth McEntire  
 Habersham EMC Foundation, Inc.  
 P. O. Box 25  
 Clarkesville GA 30523

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