



Cobb EMC Community Foundation Application for Donation for Organization/Agency



Please make sure to email all of the necessary documents with your completed, signed and dated application. Necessary documents are listed below.

1. Completed and signed application
2. IRS 501(c)(3) letter
3. Copy of financial statement(s) for the most previous year
4. You must complete the [post grant reporting form](#) and submit to Cobb EMC within the calendar year.

Email: Email your completed documents to foundation@cobbemc.com
Please include "Cobb EMC Community Foundation" in the subject line.

For more information, contact Helen Wilson at (678) 355-3271.

Please print legibly when filling out application.

1. Name of Organization: _____

2. Address: _____
Street or Post Office

City

State

Zip

3. Contact: _____

Name

Title

4. Phone Number: _____

Daytime

Cellphone

5. Email Address: _____

6. Is organization requesting funding exempt from payment of income tax:

YES ___ NO ___ If yes, copy of letter (Form 501c3) from the Internal Revenue Service must be attached.

7. A copy of Annual Financial Statement (s) (accountant report, Form 990) for the most recent year should be provided. This application will be considered in the context of your services provided locally within Cobb EMC's operating area. A national level consolidated financial statement does not provide this information. Statement Attached: _____

8. Number of individuals, families, or groups served in Cobb, Bartow, Cherokee, Fulton and Paulding in the last year: _____

9. Please provide your website address and a 1-2 sentence description of your organization's mission for use in our marketing materials. You may attach additional sheets if you need more space.

cobbemc.com





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10. Does agency serve either Cobb, Bartow, Cherokee, Fulton or Paulding: YES _____ NO _____
If no, how do you impact the aforementioned counties? If your organization is awarded funds we insist that the money be filtered back to be used within the five counties listed above.

11. Amount requested. _____ (Financial awards are limited to not more than \$25,000 per calendar year to any group, organization, charity or like organization. To maximize reach of donation dollars, the Foundation does not donate to individual public school foundations; however, school system foundations are still eligible.)

12. State the specific purpose of your organization's/agency's request and the deadline or dates funds are needed. **Please submit your application by the 20th of the month for consideration in the next month's meeting.** (Include amount requested and specifics of how funds will be used. Time sensitive requests should be submitted 60 days prior to the date funds are needed.)

13. List the top five contributors to your local organization including monetary donations if applicable:

14. Is the requested funding for an event where Cobb EMC could be a sponsor? If so, describe what sponsorship level(s) includes:

15. How are agency's programs measured for effectiveness?





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Please list three references:

Name *Phone*

Address *City* *State* *Zip*

Name *Phone*

Address *City* *State* *Zip*

Name *Phone*

Address *City* *State* *Zip*

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

Name of the Organization

Name of the Chair of the Organization

Date

Signature

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