

Canoochee EMC Foundation, Inc.
P.O. Box 96, Reidsville, GA 30453



MISSION STATEMENT

The mission of Canoochee EMC Foundation, Inc. is the accumulation and disbursement of funds for charitable purposes in Long, Evans, Toombs, Tattnall, Liberty, Chatham, Bryan, Emanuel, and Bulloch Counties.

This shall be accomplished by disbursement of funds to individuals and organizations for food, shelter, clothing, health needs, catastrophic intervention, emergency services equipment, community projects, education, and other purposes that may be approved by the Board of Directors.

Disbursements annually to individuals are limited to \$1,500 and \$5,000 to any family unit, group, organization, charity or like organization. These limits may be increased by a two-thirds vote of the entire Board of Directors.

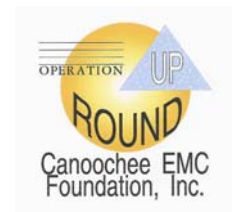
This statement may be modified from time to time by a two-thirds vote of the entire Board of Directors.



CONTRIBUTION GUIDELINES FOR
CANOOCHEE EMC FOUNDATION, INC.

1. The objective of Canoochee EMC Foundation, Inc. (the Foundation) is to provide assistance to Canoochee EMC members, organizations and projects whose primary purpose is an improvement in the quality of life for residents in our service territory.
2. Our goals are to address the needs of our service area, to designate available dollars where we can optimize our impact and to provide cost effective assistance to worthwhile individuals, organizations, and projects with local significance.
3. Board of Directors Guidelines:
 - a. Contributions are generally made in the following categories:
 - i. Health & Human Services
 - ii. Emergency Services Equipment
 - iii. Community Projects
 - iv. Education
 - v. Catastrophic Intervention
 - b. All requests to the Foundation must be made in writing and may merit a formal presentation. Incomplete applications will automatically be denied assistance.
 - c. Grants are primarily intended for capital programs and special needs and not for on-going operational expenses.
4. Exclusions:
 - a. Grants are not made to members for payment of utility bills.
 - b. Grants are not made to organizations that discriminate based on race, color, religion, gender, disability or national origin.
 - c. The Foundation cannot make grants to lobbying groups or political causes.
 - d. The Foundation cannot make grants to its Board of Directors either directly or indirectly (see Article VII of Bylaws).
5. Administration of Corporate Contributions:
 - a. Dollars are distributed to tax exempt organizations as defined under Section 501(c) of the Internal Revenue Code and are within the area served by Canoochee EMC.
 - b. Distributions on all amounts require the Board of Directors approval and shall be limited to a maximum of \$1,500 for individuals and \$5,000 to any family unit, group, organization, charity or like organization. The Board of Directors can increase this limit by a two-thirds vote of the entire Board of Directors. In addition to a written proposal on the application provided by the Foundation, the request for an organizational donation must include the organization's fiscal year budget. No more than one request per year per member or organization will be permitted.
 - c. Contributions will be evaluated in the categories listed above.

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**APPLICATION FOR DONATION
FOR INDIVIDUAL AND/OR FAMILY**

1. Name: _____
Last First Middle

2. Canoochee EMC Account Number: _____

3. Other Members of Household:

| | Last Name | First | Middle | Relationship |
|----|-----------|-------|--------|--------------|
| a. | _____ | _____ | _____ | _____ |
| b. | _____ | _____ | _____ | _____ |
| c. | _____ | _____ | _____ | _____ |
| d. | _____ | _____ | _____ | _____ |
| e. | _____ | _____ | _____ | _____ |

4. Address: _____
Street of Post Office Box

_____ City or Town State Zip Code

5. Phone Number: _____
Home Work

6. Employer of those listed in No. 1 and No. 3 above:

(1) _____ Supervisor
Name

_____ Phone
Address

(2a) _____ Supervisor
Name

_____ Phone
Address

(2b) _____
Name Supervisor

Address Phone

(2c) _____
Name Supervisor

Address Phone

(2d) _____
Name Supervisor

Address Phone

(2e) _____
Name Supervisor

Address Phone

7. Reason for Request for Donation: (Include amount requested and specific use of funds.)

7. Is individual or family receiving any other form of assistance or aid for the above stated request (donations, insurance, etc.)? Yes _____ No _____
If yes, please list:

8. Statement of Financial Condition as of _____, 20 ____.

ASSETS

AMOUNTS

Cash

| | | | |
|--|---------------------|-----------|----------|
| | Banking Institution | Acct. No. | \$ _____ |
| | Banking Institution | Acct. No. | \$ _____ |
| | Banking Institution | Acct. No. | \$ _____ |

Real Estate

| | | | |
|--|-------------------------|--------|--------------------------|
| | Partial or Wholly Owned | County | \$ _____ Market Value |
| | Partial or Wholly Owned | County | _____ |
| | Partial or Wholly Owned | County | _____ |

Securities

| | | | |
|--|-------------|--------------------|-------------------|
| | Description | Identification No. | \$ _____ Value |
| | Description | Identification No. | _____ |
| | Description | Identification No. | _____ |

Other Receivables (State type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value) Other Assets. Include description, account number, etc.)

| | | | |
|--|------|--|-------------------|
| | Type | | \$ _____ Value |
| | Type | | _____ |
| | Type | | _____ |
| | Type | | _____ |

TOTAL ASSETS

\$ _____

LIABILITIES

AMOUNTS

Notes Payable _____

\$ _____

Lender's Name

Lender's Address

Lender's Name

\$ _____

Lender's Address

Lender's Name

\$ _____

Lender's Address

Mortgage

Mortgagor's Name

\$ _____

Mortgagor's Address

Mortgagor's Name

\$ _____

Mortgagor's Address

Other Debt (State Type: Taxes,
Bills Outstanding, Other)

Type

\$ _____

Type

\$ _____

Type

\$ _____

Type

\$ _____

TOTAL LIABILITIES

\$ _____

MONTHLY EXPENSES

AMOUNTS

Housing Mortgage _____ Rent _____ \$ _____

Food \$ _____

Utilities Electricity \$ _____
Gas \$ _____
Telephone \$ _____

Transportation Automobile Payments \$ _____
Gasoline \$ _____

Insurance Medical \$ _____
Life \$ _____
Automobile \$ _____

Medical Doctors \$ _____
Hospital \$ _____
Medication \$ _____

Charge Accounts _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Loans (Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Taxes (Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Other Expenses _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

SOURCES OF MONTHLY INCOME

AMOUNTS

| | | |
|--|-----------------|----------|
| Salary | _____ | \$ _____ |
| | Employer's Name | |
| Bonus, Tips & Commissions | _____ | \$ _____ |
| Dividends & Interest | _____ | \$ _____ |
| Real Estate Income | _____ | \$ _____ |
| Farm Income | _____ | \$ _____ |
| Other: (Please State: Alimony, Child Support, Other) | | |
| | _____ | \$ _____ |
| | Type | |
| | _____ | \$ _____ |
| | Type | |
| | _____ | \$ _____ |
| | Type | |
| | _____ | \$ _____ |
| | Type | |
| TOTAL SOURCES OF MONTHLY INCOME | | \$ _____ |

9. Please list three references. (May not be a director or employee of Canoochee EMC or the Canoochee EMC Foundation, Inc.)

| | | | |
|---------|------|-------|----------|
| Name | | Phone | |
| _____ | | | |
| Address | City | State | Zip Code |
| _____ | | | |
| Name | | Phone | |
| _____ | | | |
| Address | City | State | Zip Code |
| _____ | | | |
| Name | | Phone | |
| _____ | | | |
| Address | City | State | Zip Code |

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

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE

Sworn to and subscribed before me this
_____ day of _____, 200____.

NOTARY