



*"Small Change
that changes lives"*

FLINT ENERGIES FOUNDATION, INC.
Post Office Box 308
Reynolds, Georgia 31076-0308
478-847-5113

Instructions for Completing Application

(1) Please type application, if possible; (2) Include a copy of your most previous year's financial statement; (3) Provide a copy of your Internal Revenue Service Letter or Form showing 501(c) tax status; (4) If you are requesting funds to buy a specific item, please include a cost estimate in addition to a detailed description of the item; (5) Funds will not be granted for general operating expenses or utilities; (6) Mail your completed application, along **with 12 copies** to: Susan Poole, Flint Energies Foundation, Inc., P. O. Box 308, Reynolds, Georgia 31076-0308.

After application has been received and reviewed by Flint Energies Foundation, you will be contacted relative to a date to appear before the board to make a brief presentation (five minute maximum).

NOTE: If you have received a previous grant, your current request will not be considered until after the lapse of 24 months.

**APPLICATION FOR DONATION
(ORGANIZATION/AGENCY)**
(Please Type Information)

1. Name of Organization: _____
2. Address: _____
(Street or Post Office Box)
- _____
- (City) (State) (Zip Code)
3. Contact Person: _____
(Name) (Title)
4. Telephone Number _____
(Work) (Home)
5. Fax Number: _____
6. E-mail Address: _____ Website: _____
7. Is organization that is requesting funds exempt from paying income tax? _____
If yes, please attach a copy of Internal Revenue Service letter or Form 501(c) to verify this distinction.
Applications will not be processed without this information.
8. Please provide a copy of the most previous year's financial statement(s).

9. Please list the counties that this organization serves. And, where possible, please breakdown the number of individuals, families or groups that this organization served last year in the following counties: Bibb, Chattahoochee, Crawford, Dooly, Harris, Houston, Macon, Marion, Monroe, Muscogee, Peach, Schley, Sumter, Talbot, Taylor, Twiggs, Upson. _____

10. Does organization serve needs outside the counties mentioned previously? If yes, provide information on the number served and locations. _____

11. State specific purpose of your organization's/agency's request. (Include amount requested and specific details on how funds will be used. Include cost estimates for contract work or equipment purchases.)

12. List other sources of funding that you have secured to meet the above request.

13. How do you measure the effectiveness of your programs? _____

14. Has this organization ever received funding from the Flint Energies Foundation? If yes, please provide an itemized statement of how those funds were used and attach it to this application.

15. Please list three references.

1. _____

Name

Telephone

Address

City

State

Zip Code

2. _____

Name

Telephone

Address

City

State

Zip Code

3. _____

Name

Telephone

Address

City

State

Zip Code

This information is for the purpose of obtaining funds from the Flint Energies Foundation, Inc. on behalf of the undersigned. Each undersigned understands that information provided herein is used in deciding to grant funds, and each undersigned represents and warrants that information provided is true and complete and that the Flint Energies Foundation, Inc. may consider these statements as continuing to be true and correct until a written notice of change is provided. The Flint Energies Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. The Flint Energies Foundation, Inc. Board of Directors makes donations from funds collected through the Flint Energies Operation Round-up Program. These funds are voluntary contributions from participating Flint Energies customers.

Additional pages or documentation can be attached to application.

Applications should be mailed to Susan Poole, C/O Flint Energies, Post Office Box 308, Reynolds, Georgia, 31076

FEFI Form 002 R 4/02

Name of Organization

Signature of Representative

Date