



Operation Round Up

A community service program from
Fulton County REMC



Grant Application

Organization Profile:

Applicant Organization: _____

Address: _____ City: _____

Zip: _____

Contact Person: _____ Phone: _____

Date: _____

Project Description:

Project Title: _____

Project Start Date: _____ Project End Date: _____

Total Project Cost: _____ Grant Amount Requested: _____

Would partial funding be acceptable? _____

Is organization requesting funding exempt from payment of income tax?

Yes ___ No ___ If yes, a copy of letter (Form 501[c]3) from Internal Revenue Service must be attached.

Are there other sources of revenue? _____

Statement of purpose: _____

What areas or communities will this project serve? _____

What are the benefits to the community or area? _____

How many people will benefit from this project? _____

What are your measurements for success of this project? _____

What other information would you like to share? _____

Applicant Signature _____

Detailed financial budget and plan for the entire project must accompany this grant request:

Please return completed form to: