



# 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: \_\_\_\_\_

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What areas or communities will this project serve? \_\_\_\_\_

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What are the benefits to the community or area? \_\_\_\_\_

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How many people will benefit from this project? \_\_\_\_\_

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What are your measurements for success of this project? \_\_\_\_\_

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What other information would you like to share? \_\_\_\_\_

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Applicant Signature \_\_\_\_\_

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

Please return completed form to: