




# Edgecombe-Martin County Electric Membership Corporation

A Touchstone Energy® Cooperative 

## Grant Application

### Instructions for completing application.

- (1) Please type application, if possible.
- (2) If you are requesting funds to purchase a specific item, please include a cost estimate and/or quote in addition to a detailed description of the item.
- (3) Upload your application to the website or

Mail your completed application to: **Monica Speight,**  
**P. O. 188**  
**Tarboro, NC 27886**

## Application for Grant

### A. PROFILE INFORMATION

Name of Organization

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(Address) (City) (State) (Zip Code)

Contact Person

(Name)

(Title)

Telephone Number

(Work)

(Home)

Fax Number

Email Address

The grant request is for:

Group

Community

### B. ORGANIZATION INFORMATION

Organization is

For Profit

Non-Profit

501(c)(3)

(Tax ID Number)

Purpose of the Organization

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Number of individuals, families or groups served annually

Is organization a Edgecombe-Martin County EMC member?

Yes

No

Geographic area served by the organization.

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Approximate number of Edgecombe-Martin County EMC members served by the organization.

Does organization utilize volunteers? Explain

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**C. PROJECT DESCRIPTION**

Please circle the appropriate category:

Economic Development

Emergency Energy Assistance

Emergency Response

Energy Efficiency

Environment

Other

Project Title/Item Requested

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Describe the project and tell what specifically the money will be used for:

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Geographic area to be served by project:

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Project Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_

Who will benefit from the project or grant? Attach additional sheet if necessary.

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**D. GRANT REQUEST**

Amount Needed for Total Project (Required) \$1,000 Max. \$

What is the minimum amount of funding needed to implement the project? \$

Amount Requested from Edgecombe-Martin County EMC (Required) \$

Check One:

Estimated cost for item to be purchased \$

Proposed budget for program to be implemented (Budget Attached) \$

When funding is needed \_\_\_\_\_ Is this a one-time project? Yes No

Within what time frame will grant funds be spent?

Will this project continue without additional funding? Yes No

If yes, explain

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Will organization accept partial funding for the project?	Yes	No
Will these funds, if awarded, be used to leverage other funds?	Yes	No
Has your organization previously received a grant from Edgecombe-Martin?	Yes	No

If yes, give date(s) and amount(s) of grants received.

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If organization has previously received a grant from Edgecombe-Martin, please attach an activity sheet detailing how the grant money was used. Is sheet attached?

Yes No

Other sources of funding for the project:

_____	\$
_____	\$
_____	\$

**E. CERTIFICATION**

In submitting this application the applicant agrees that it will spend funds solely for the purposes stated in the application and will refund any unexpended portion of such funds, if any. *The applicant will provide a final summary, in writing, at the end of the project to the Edgecombe-Martin County EMC Board of Directors.*

Name of Organization \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## ADDITIONAL SIGNATURES

A minimum of three additional signatures from the governing body is required.

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Name		Title	
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Address	City	State	Zip
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Name		Title	
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Address	City	State	Zip
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Name		Title	
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Address	City	State	Zip
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