

Thank you for expressing interest in the Operation Roundup Program.

Operation Roundup is designed to help individuals or families that have special or emergency needs when help is not available from other sources. These funds will also help with a variety of needs in the communities served by Snapping Shoals EMC.

**Please be sure to write the dollar amount you are requesting and what it is for. (Roundup does not consider requests for salaries or capital expenses). Also be sure to include your latest financial statement, your latest audit report and a copy of your tax-exempt status letter.**

If you have any questions, please call 770-385-2737.

SNAPPING SHOALS ELECTRIC TRUST  
POST OFFICE BOX 509  
COVINGTON GA 30015  
FAX 770-385-2703

**APPLICATION FOR DONATION  
FOR ORGANIZATION/AGENCY**

1. Name of Organization: \_\_\_\_\_
2. Address: \_\_\_\_\_  
Street or Post Office Box  
\_\_\_\_\_  
City or Town State Zip Code County
3. Phone Number: \_\_\_\_\_  
Work Home
4. Contact Person: \_\_\_\_\_  
Name Title
5. Is organization requesting funding exempt from payment of income tax: Yes \_\_\_ No \_\_\_ If yes, a copy of letter Form 501c3 from Internal Revenue Service must be attached.
6. A copy of financial statement(s) and audit report for most previous year will need to be provided.
7. Indicate the number of individuals, families or groups served in each of the following counties last year:  
Newton \_\_\_\_\_, Rockdale \_\_\_\_\_, Dekalb \_\_\_\_\_, Henry \_\_\_\_\_, Butts \_\_\_\_\_,  
Morgan \_\_\_\_\_, Walton \_\_\_\_\_ and Jasper \_\_\_\_\_.
8. Does agency serve outside Newton, Rockdale, Dekalb, Henry, Butts, Walton, Jasper or Morgan Counties:  
Yes \_\_\_ No \_\_\_

If yes, please provide information on number served and location.

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9. State Purpose of Organizations/Agency Request: (Include amount requested and specifics of how funds will be used.)

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10. List other sources of funding:

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11. Enclose copy of organization/agency's mission statement or write brief description below of what the agency does.

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12. Please list three references.

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Name	Phone		
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Address	City	State	Zip Code
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Name	Phone		
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Address	City	State	Zip Code
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Name	Phone		
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Address	City	State	Zip Code
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**The information contained in this statement is for the purpose of obtaining funding from the Snapping Shoals Electric Trust, Inc., on behalf of the undersigned applicant/recipient. Each of the 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 Snapping Shoals Electric Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided by the undersigned. The Snapping Shoals Electric Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.**

**In furnishing financial assistance, it is expressly understood that the Snapping Shoals Electric Trust, Inc. and its Board of Directors, neither singularly nor jointly accepts any liability for the product furnished or work performed as a result of the allocation of funds.**

**Each of the undersigned hereby agrees to indemnify and hold harmless the Snapping Shoals Electric Trust, Inc., its directors, officers, employees, and agents and Snapping Shoals Electric Membership Corporation, its directors, officers, employees, and agents (“Indemnitees”) from and against any and all claims, losses, damages, liabilities, suits, cost and expenses (including attorneys and experts’ fees and expenses) (herein referred to as a “Claim”) incurred by or asserted against any of the undersigned as a result of or in connection with (1) any investigation or inquiry into this application of any kind whatsoever made by Indemnitees including, without limitation, inquiry into the financial status of the undersigned or validity of the undersigned’s request, liabilities, assets, or anything related to the application whatsoever; and (2) any damages resulting from the product furnished or work performed as a result of the allocation of funds. The undersigned further acknowledges and covenants that, in consideration for the application and any assistance received by the undersigned from the Snapping Shoals Electric Trust, Inc., the undersigned has knowingly relinquished, waived and forever released any and all damages and remedies which might otherwise be available to the undersigned, including, without limitation, claims for breach or invasion of privacy, warranty claims, contract or tort damages of any type, claims for legal or equitable relief under either federal or state statutory and common law. The undersigned further acknowledges and covenants not to sue Indemnitees, or to participate or aid in any way in any suit or proceeding (except as required by law) against Indemnitees or to execute, seek to impose, collect or recover upon, or otherwise enforce or accept any judgment, decision, award, warrant or attachment upon any claim released by the undersigned herein.**

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE

\_\_\_\_\_  
DATE