



"Small Change that Changes Lives"

Southern Rivers Energy Trust, Inc.
 P. O. Box 40
 Barnesville, GA 30204
 770-358-1383
 Application for Group or Organization

(Please Type or Print Information)

Instructions for Completing Application

Please type or print neatly in blue or black ink and submit *fifteen (15) copies* of application and supporting documents to: **The Southern Rivers Energy Trust, P.O. Box 40, Barnesville, GA 30204.**

**Be advised that funds will NOT be granted for general operating expenses or utilities, organizations may apply once a year and incomplete applications will not be considered.*

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 the organization that is requesting funds exempt from paying income tax? _____

8. 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.

9. Federal Tax I.D. number _____

10. Please provide a copy of the most previous year's financial statement(s). If the financials are for a subsidiary or special fund of the organization, please include details about expenses and funding for this entity. Please do not send a complete audit.

11. Please list the counties that this organization serves and breakdown the number of individuals, families or groups that this organization served last year in the following counties, where possible: Bibb, Coweta, Crawford, Lamar, Meriwether, Monroe, Pike, Spalding, Upson.

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

13. 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.)

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

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

16. Has this organization ever received funding from the Southern Rivers Energy Trust? If yes, please provide an itemized statement of how those funds were used and attach it to this application.

17. Please list three references.

1. _____

Name	Telephone
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Address	City	State	Zip Code
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2. _____

Name	Telephone
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Address	City	State	Zip Code
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3. _____

Name	Telephone
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Address	City	State	Zip Code
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Additional pages or documentation can be attached to application. Please submit fifteen (15) copies to:

**Southern Rivers Energy Trust
P.O. Box 40
Barnesville, Georgia, 30204**

This information is for the purpose of obtaining funds from the Southern Rivers Energy Trust, 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 Southern Rivers Energy Trust, Inc. may consider these statements as continuing to be true and correct until a written notice of change is provided. The Southern Rivers Energy Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. The Southern Rivers Energy Trust, Inc. Board of Directors makes donations from funds collected through the Southern Rivers Energy Operation Round-up Program. These funds are voluntary contributions from participating Southern Rivers Energy members.

Name of Organization

Signature of Representative

Date