



GREYSTONE POWER FOUNDATION, INC.  
Post Office Box 897, Douglasville, Georgia 30133  
(770) 370-2066 Fax (770) 942-6053  
Contact: Nancy Lewis

## APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

All information requested must be completed for application to be reviewed.

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

Street

\_\_\_\_\_

City or Town

State

Zip Code

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 501[c]3) from Internal Revenue Service must be attached.

6. A copy of financial statement(s) for most previous year should be provided.

a. Statement attached: \_\_\_\_\_

7. Number of individuals, families or groups served in Bartow, Carroll, Cobb, Coweta, Douglas, Fayette, South Fulton and Paulding Counties last year: \_\_\_\_\_

8. Does agency serve outside of Bartow, Carroll, Cobb, Coweta, Douglas, Fayette, South Fulton and Paulding Counties? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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10. List other sources of funding for use of request as described in the above:

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11. How are agency's programs measured for effectiveness?

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12. Please list three references.

**First Reference:**

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|---------|------|-------|----------|
| Name    |      |       | Phone    |
| Address | City | State | Zip Code |

**Second Reference:**

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|         |      |       |          |
|---------|------|-------|----------|
| Name    |      |       | Phone    |
| Address | City | State | Zip Code |

**Third Reference:**

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|         |      |       |          |
|---------|------|-------|----------|
| Name    |      |       | Phone    |
| Address | City | State | Zip Code |

The information contained in this statement is for the purpose of obtaining funding from GreyStone Power Foundation, Inc. on behalf of the undersigned. Each undersigned understands that the information provided therein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and GreyStone Power Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. GreyStone Power Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

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NAME OF ORGANIZATION

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SIGNATURE OF REPRESENTATIVE

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DATE