



Mitchell Electric Charitable Fund

PO Box 409
Camilla, GA 31730
(229) 336-5221 or 1-800-479-6034
FAX: 229-336-7088

For Office use only:

Agency / Organization Application

All attached sheets, including financial spreadsheets, must be completed.

Attach a copy of the exemption letter from the IRS (Form 501(c) 3) and audited financial statements for the last two years or tax returns for the last 2 years.

Applications will not be considered if information is not complete.

Please submit NINE (9) copies of the complete application, including attachments

Date: _____

Agency / Organization Name _____

PO Box / Street Address _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Contact Phone (day) _____ (night) _____

Project Request: _____ Amount \$ _____

Maximum Grant is \$20,000

Have you applied for assistance elsewhere? _____ Yes _____ No

If yes, list other sources of assistance that you have applied for and/or received that will be used on this project.

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

Community Impact:

Number of individuals, families and/or groups served by this organization/agency: _____

In what county (s)? _____

Business References:

Please give three references that are familiar with your organization. References may not be affiliated with Mitchell Electric Charitable Fund or Mitchell Electric Membership Corporation.

_____ Name	_____ City	_____ Phone #
_____ Name	_____ City	_____ Phone #
_____ Name	_____ City	_____ Phone #

The information contained in this statement is for the purpose of obtaining funding from Mitchell Electric Charitable Fund on behalf of the undersigned. Each 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 Mitchell Electric Charitable Fund may consider this statement as continuing to be true and correct until a written notice of a change is provided. Mitchell Electric Charitable Fund is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

Agency/Organization Name

Authorized Signature

Date

Previous Disbursements:

Have you received disbursements from this organization before? _____ Yes _____ No

If yes, please complete the information below and list **ALL dates and disbursements:**

Year								
Amount								

Give a detail of how the money was disbursed:

Example:

Not for Profit Inc.

Projected Cash Flow Statement for the year ending December 31, 2002

EXAMPLE													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Bank Balance													
Beg. Of Month	10,000	2,120	740	360	480	600	720	840	960	1,080	1,200	1,320	
INCOME:													
Fund Raisers	1,500	1,500	2,500	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	32,500
Cash Sales	200	200	200	200	200	200	200	200	200	200	200	200	2,400
Bank Finance	11,500												11,500
MEMC Operation Roundup	5,000												5,000
Total Income:	18,200	1,700	2,700	3,200	3,200	3,200	3,200	3,200	3,200	3,200	3,200	3,200	51,400
EXPENSES:													
Electricity	250	250	250	250	250	250	250	250	250	250	250	250	3,000
Equipment	5,000												5,000
Furniture and Fixtures	3,000												3,000
Interest	230	230	230	230	230	230	230	230	230	230	230	230	2,760
Land & Building	15,000												15,000
Loan Repayment	400	400	400	400	400	400	400	400	400	400	400	400	4,800
Machinery													
Other Expenses													
Rent	600	600	600	600	600	600	600	600	600	600	600	600	7,200
Telephone	120	120	120	120	120	120	120	120	120	120	120	120	1,440
Transport Cost	180	180	180	180	180	180	180	180	180	180	180	180	2,160
Vehicles													
Wages	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	15,600
Total Expenses:	26,080	3,080	3,080	3,080	3,080	3,080	3,080	3,080	3,080	3,080	3,080	3,080	59,960
Surplus/Shortfall	-7,880	-1,380	-380	120	120	120	120	120	120	120	120	120	
Bank Balance													
end of month	2,120	740	360	480	600	720	840	960	1,080	1,200	1,320	1,440	1,440

Projected Cash Flow Statement for the year ending December 31, _____

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Bank Balance													
Beg. Of Month													
INCOME:													
Fund Raisers													
Cash Sales													
Grants													
MEMC Operation Roundup													
Other Income:													
Total Income:													
EXPENSES:													
Electricity													
Equipment													
Furniture and Fixtures													
Interest													
Land & Building													
Loan Repayment													
Machinery													
Other Expenses													
Rent													
Telephone													
Transport Cost													
Vehicles													
Wages													
Other Expenses:													
Total Expenses:													
Surplus/Shortfall													
Bank Balance													
end of month													
11/15/2002													

Actual Cash Flow Statement for the year ending December 31, _____

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Bank Balance													
Beg. Of Month													
INCOME:													
Fund Raisers													
Cash Sales													
Grants													
Other income:													
Total Income:													
EXPENSES:													
Electricity													
Equipment													
Furniture and Fixtures													
Interest													
Land & Building													
Loan Repayment													
Machinery													
Wages													
Rent													
Telephone													
Transport Cost													
Vehicles													
Other expenses:													
Total Expenses													
Surplus/Shortfall													
Bank Balance													
end of month													

Balance Sheet

(date)

BALANCE SHEET

ASSETS

CURRENT ASSETS:

Cash _____

Total Current Assets: _____

FIXED ASSETS:

Land _____

Building _____

Vehicles _____

Less: Depreciation _____

Machinery & Equipment _____

Less: Depreciation _____

Furniture and Fixtures _____

Less: Depreciation _____

Total Fixed Assets _____

TOTAL ASSETS: _____

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES:

Accounts Payable _____

Notes Payable _____

Total Current Liabilities _____

LONG TERM LIABILITIES:

Notes Payable _____

Total Long Term Liabilities _____

NET ASSETS:

Unrestricted _____

Restricted _____

Total Net Assets _____

TOTAL LIABILITIES & NET ASSETS: _____

11/15/2002