

## Georgia Power Foundation

### Charitable Organization Grant Application - Governmental Units

#### ***Tell Us About Your Organization***

Organization Name

Legal Name (as displayed on the IRS 501(c)(3) tax letter)

Mailing Address

City      State  
            - Select One -

Postal Code

County

Phone  
(Please enter without dashes or parentheses)

Fax  
(Please enter without dashes or parentheses)

E-mail Address

Web Address

This application is for county, state, and federal government agencies. If you are not a governmental agency, please return to the Georgia Power Foundation website for an alternate application.

Tax ID (if applicable)

Tax Status  
<None>

Organization Type

Select the category that most correctly describes the primary function of your organization.

Tick this box if your organization is a United Way Specific Care agency.

No

Approximately what percentage of your organization's total funding is provided by United Way?

Organization's Annual Budget (without dollar sign)

What percentage of your organization's annual budget is used for operating costs?

What percentage of your organization's annual budget is used for fundraising costs?

Please list any Georgia Power employees or Southern Company affiliate employees associated with your organization. List first name, last name, and company.

We require a complete list of your board of directors to be uploaded at the end of this application.

### ***Tell Us About This Request***

**Is this grant designated for COVID-19 Relief?**

No

Project Title

Brief Project Description

If your organization has received funding from us within the past two years, please record the date and amount of the contribution(s).

Tax exempt organizations may receive contributions once per twelve-month period and may reapply on an annual basis.

Request Amount (without dollar sign)

Please note that the Georgia Power Foundation does not make multi-year grant commitments

Project Budget (without dollar sign)

If applicable, provide a list of other companies or foundations supporting this project and the amount of support.

Type of Support

Select the category that most correctly identifies the primary use of the requested funds.

Are there any taxable benefits that come with an event/fundraiser sponsorship?

If there are taxable benefits that come with Georgia Power participation, please include the value in the Project Description above.

No benefits

"Other" benefit to company explanation

Program Area

Select the category that most correctly identifies the primary focus of this project/service.

Population Served (select up to 2 if applicable)

Minority Group Served (select up to 2 if applicable)

Geographical Area Served (select up to 2)

***Tell Us About the Primary Contact For This Request***

Prefix

(Mr., Mrs., Miss, Ms., Dr., Rev.)

First Name

Last Name

Suffix

(Jr., PhD, etc)

Title

Office Address (if different from organization address)

City

State

<None>

Postal Code

Contact's Office Phone

(Please enter without dashes or parentheses)

Extension

Contact's E-mail

Attach documents BEFORE you save your application. You cannot upload attachments to Saved applications.