



BALDWIN EMC

Your Touchstone Energy® Cooperative



P.O. Box 220
Summerdale, AL
36580-0220
(251) 989-6247

www.baldwinemc.com



Dear Applicant,

The mission of the Baldwin County Electric Membership Charitable Foundation is the accumulation and disbursement of funds for charitable purposes to organizations and individuals located within Baldwin and Southern Monroe County. Such disbursements of funds shall be for needs related to food, shelter, clothing, health needs, education, and environment. This endeavor will reflect Baldwin EMC's goal of being a customer focused, efficient, and community involved cooperative.

You will find enclosed an application for the Baldwin Electric Membership Charitable Foundation grant program.

Please be sure that you fill the application out in its entirety and you attach any documents that are requested. Those documents would include:

1. Copies of supporting current documents for your request. **Do NOT send any documents/bills, letters, etc. that you want returned. We will NOT return any documents.** When grants are given the most current bill will be asked for in letter-form.
2. **A copy of your most recent tax return including all schedules is required. Do NOT send your only copy.**
3. A current statement of disability from your physician or Social Services, if applicable.
4. Also, please include a personal letter explaining the circumstances surrounding your current situation and your request.
5. Attached to the back of the application is a Release of Liability and Hold Harmless Agreement, signature of this document is **REQUIRED BY THE APPLICANT, And, IF THE APPLICANT IS MARRIED, OR CONSIDERED MARRIED BY COMMON LAW, THE APPLICANT'S SPOUSE'S NOTARIZED SIGNATURE IS ALSO REQUIRED. A DUPLICATED FORM IS ATTACHED FOR THE SPOUSE.** Please have your signature(s) notarized on this document and return with your application.
6. If you are requesting consideration for repairs to your home, include estimates from three licensed contractors, along with copies of their business license, proof of liability insurance, and tax ID information. This information is **REQUIRED.** Grants cannot be considered for rental property.

All applications will be reviewed and processed as soon as possible. Under normal circumstances this process should be complete in about 120 days.

If for any reason the application is not filled out in its entirety, the application will be returned to the applicant to be completed. It is the applicant's responsibility to insure all applications are complete. Please be aware that if an application is returned to the applicant it may delay the processing of the application. **The Foundation is only allowed to grant up to \$5,000.00 annually to any individual, and up to \$20,000.00 annually to any organization.**

Should you have any questions, please feel free to let us know.

For the Board,

Margaret L. Cooper
Chairperson
Baldwin Electric Membership Charitable Foundation

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



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Application for Individual and/or Family

All applications must include personal statement

All sections marked by *** must be accompanied by documentation.

PLEASE TYPE OR PRINT CLEARLY IN DARK INK.

If necessary you may attach additional sheets of paper to complete information

Request

- Amount of Request: _____ Date of Application: _____
- ***Name/Address/Telephone of Person Completing form: _____

- Have you ever received a grant from Baldwin County Electric Membership Foundation? Yes ___ No ___
If yes, when was grant received? _____ Amount of grant: _____
Was grant received under same name? Yes ___ No ___, If no please include name _____
- Please attach your personal statement to:
 - 1) ***Tell how the funds will be used, and
 - 2) Explain the circumstances that have prompted your need of assistance and proposed resolution
- ***Please attach appropriate bids/estimates/bills directly relating to your request.

Personal Information

- **Name of Applicant: _____ Date of Birth: _____
Last First Middle
- Baldwin EMC Member/Account # (if applicable): _____
- **Address _____
Street (911) and if applicable P.O. Box
- City _____ State _____ Zip _____ County _____
- Home Phone: _____ Work Phone: _____ **SSN: _____
- List other members of household, including children:

Name	Relationship	Age	Employer	Name	Relationship	Age	Employer
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Personal References

- Please give three references from persons OTHER than relatives. (References may not be given by a director or employee of Baldwin EMC or Baldwin County Electric Membership Foundation.)
- 1. Name: _____ Phone: _____
Address: _____
Occupation: _____ Relationship to Applicant: _____
- 2. Name: _____ Phone: _____
Address: _____
Occupation: _____ Relationship to Applicant: _____
- 3. Name: _____ Phone: _____
Address: _____
Occupation: _____ Relationship to Applicant: _____

Employment Information

- **Is applicant currently employed? Yes _____ No _____ Is spouse currently employed? Yes _____ No _____**
If not, list last employer and employment dates and please explain why: _____
Have you refused work in the last twelve months? If yes, why: _____
- **Gross MONTHLY earnings (include all employed members of the household) ****
Please attach 3 months proof of income.
Employer # 1 _____ Supervisor _____
Address _____ Phone _____
Dates of Employment _____ Salary/Wage _____
Employer # 2 _____ Supervisor _____
Address _____ Phone _____
Dates of Employment _____ Salary/Wage _____
- **Employment of Others in Household ** – Name _____**
Employer # 1 _____ Supervisor _____
Address _____ Phone _____
Dates of Employment _____ Salary/Wage _____
Employer # 2 _____ Supervisor _____
Address _____ Phone _____
Dates of Employment _____ Salary/Wage _____

Other Assistance

- **List other social service agencies (DFACS, EOA, etc.) you have contacted (include name of contact person):**

- **Is individual or family receiving any other form of assistance or aid (donations, insurance, etc)? ****
Yes _____ No _____ If yes, please list:

All applications must be completely filled out and accompanied by requested documentation for consideration

All sections marked by ** must be accompanied with document

Monthly Expenses

HOUSING: **	Mortgage or rent payment.....	\$ _____
	Food	\$ _____
UTILITIES: **	Electricity	\$ _____
	Gas	\$ _____
	Telephone (include cell phone bills).....	\$ _____
	Water/Sewer/Trash Pick-up.....	\$ _____
	Cable/Satellite TV	\$ _____
	Internet Service	\$ _____
	Other	\$ _____
TRANSPORTATION**	Automobile Payments	\$ _____
	Gasoline	\$ _____
	Tag/Tax	\$ _____
INSURANCE**	Medical/Dental/Vision.....	\$ _____
	Life/Burial	\$ _____
	Automobile	\$ _____
	Homeowners/Rental	\$ _____
CREDIT CARDS/**		
CHARGE ACCOUNTS (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
LOAN PAYMENTS** (Specify):	_____	\$ _____
	_____	\$ _____
REAL ESTATE TAXES ** (Specify)	_____	\$ _____
OTHER EXPENSES ** (Specify)	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES.....		\$ _____

Monthly Income

	Total Gross Earnings for Household	\$ _____
	Bonus, Tips & Commission	\$ _____
	Social Security Benefits.....	\$ _____
	Farm Income.....	\$ _____
	Dividends & Interest	\$ _____
	Real Estate Income.....	\$ _____
	Alimony	\$ _____
	Child Support	\$ _____
	Food Stamps	\$ _____
	Other	\$ _____
	Other.....	\$ _____
	Other.....	\$ _____
TOTAL MONTHLY INCOME**		\$ _____

All applications must be completely filled out and accompanied by requested documentation for consideration

Assets

- **CASH ON HAND****

Bank Name _____	Acct. # _____	Balance	\$ _____
Bank Name _____	Acct. # _____	Balance	\$ _____
- **REAL ESTATE**** (list all property you own, i.e. house, mobile home, acreage):

Property #1 _____	Amt. Owed _____	Mkt. Value	\$ _____
Property #2 _____	Amt. Owed _____	Mkt. Value	\$ _____
Property #3 _____	Amt. Owed _____	Mkt. Value	\$ _____

Please attach proof of home ownership (Deed, Title)
- **OTHER ASSETS **** (Personal property, auto, whole life insurance, retirement/pension/annuity – include description)

#1 _____	Amt. Owed _____	Cash Value	\$ _____
#2 _____	Amt. Owed _____	Cash Value	\$ _____
#3 _____	Amt. Owed _____	Cash Value	\$ _____

TOTAL ASSETS \$ _____

Liabilities

- **NOTES PAYABLE & MORTGAGE**** (list home loan, car loans, credit card debt, student loans)

1. Lender Name, Address & Phone _____	\$ _____

2. Lender Name, Address & Phone _____	\$ _____

3. Lender Name, Address & Phone _____	\$ _____

- **OTHER DEBT**** (Taxes, Bills, Miscellaneous – include address) Attach a list if necessary

Debt # 1 _____	\$ _____
Debt # 2 _____	\$ _____
Debt # 3 _____	\$ _____
Debt # 4 _____	\$ _____
Debt # 5 _____	\$ _____
Debt # 6 _____	\$ _____

TOTAL LIABILITIES \$ _____

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

Signature of Applicant

Date

Signature of Spouse/Co-Applicant

Date

The Baldwin County Electric Membership Foundation, Inc. is hereby authorized to utilize applicants name/organization for promotional or communication purposes. (i.e. annual reports, news/press releases, brochures, etc.)

Signature of Applicant

Date

STATE OF ALABAMA

RELEASE OF LIABILITY AND HOLD
HARMLESS AGREEMENT
(Individual Form)

COUNTY OF BALDWIN

For and in consideration of the transfer of a thing of value to the undersigned, whether in the form of money, service or personal property conferred by BALDWIN COUNTY ELECTRIC MEMBERSHIP CORPORATION (“Baldwin EMC”) or the BALDWIN COUNTY ELECTRIC MEMBERSHIP CORPORATION CHARITABLE FOUNDATION (“the Foundation”), I, the undersigned, do hereby unconditionally RELEASE and forever DISCHARGE Baldwin EMC and the Foundation, and each of their agents, servants, employees, successors and assigns, from and against any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, including all injuries, known and unknown, anticipated and unanticipated, both to person and property, which may result from such transfer. The undersigned further agrees to indemnify and hold harmless Baldwin EMC and the Foundation, together with their respective agents, servants, employees, successors and assigns, from and against any such claims or liabilities as may be incurred by the undersigned and arising from any such transfer made by either entity.

The undersigned further warrants and acknowledges that no promise or inducement has been offered or made as a condition hereof and that this release and hold harmless agreement is executed without reliance upon any statement or representation made by Baldwin EMC or the Foundation or any of their respective agents, servants or employees. The undersigned further states that he or she is of legal age and legally competent to execute this instrument in all respects. In the event the undersigned is a minor or has been adjudicated as an incompetent, this instrument is signed by the parent or legal guardian of said person, with full authority to act on said person’s behalf.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal on this the _____ day of _____, 20__.

Signature: _____

Parent or Guardian (if under 19) _____

Guardian (if adjudicated incompetent) _____

STATE OF ALABAMA

COUNTY OF BALDWIN

I, _____, a Notary Public in and for said County in said State, hereby certify that _____, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he/she executed the same voluntarily on the date the same bears date.

Given under my hand and seal this the _____ day of _____, 20__.

Notary Public, Baldwin County, Alabama
My Commission Expires:_____

STATE OF ALABAMA

COUNTY OF BALDWIN

I, _____, a Notary Public in and for said County in said State, hereby certify that _____ is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he/she executed the same voluntarily on the date the same bears date.

Given under my hand and seal this the _____ day of _____, 20__.

Notary Public, Baldwin County, Alabama
My Commission Expires:_____

STATE OF ALABAMA

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HARMLESS AGREEMENT
(Individual Form)

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For and in consideration of the transfer of a thing of value to the undersigned, whether in the form of money, service or personal property conferred by BALDWIN COUNTY ELECTRIC MEMBERSHIP CORPORATION (“Baldwin EMC”) or the BALDWIN COUNTY ELECTRIC MEMBERSHIP CORPORATION CHARITABLE FOUNDATION (“the Foundation”), I, the undersigned, do hereby unconditionally RELEASE and forever DISCHARGE Baldwin EMC and the Foundation, and each of their agents, servants, employees, successors and assigns, from and against any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, including all injuries, known and unknown, anticipated and unanticipated, both to person and property, which may result from such transfer. The undersigned further agrees to indemnify and hold harmless Baldwin EMC and the Foundation, together with their respective agents, servants, employees, successors and assigns, from and against any such claims or liabilities as may be incurred by the undersigned and arising from any such transfer made by either entity.

The undersigned further warrants and acknowledges that no promise or inducement has been offered or made as a condition hereof and that this release and hold harmless agreement is executed without reliance upon any statement or representation made by Baldwin EMC or the Foundation or any of their respective agents, servants or employees. The undersigned further states that he or she is of legal age and legally competent to execute this instrument in all respects. In the event the undersigned is a minor or has been adjudicated as an incompetent, this instrument is signed by the parent or legal guardian of said person, with full authority to act on said person’s behalf.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal on this the _____ day of _____, 20__.

Signature: _____

Parent or Guardian (if under 19)_____

Guardian (if adjudicated incompetent)_____

STATE OF ALABAMA
COUNTY OF BALDWIN

I, _____, a Notary Public in and for said County in said State, hereby certify that _____, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he/she executed the same voluntarily on the date the same bears date.

Given under my hand and seal this the _____ day of _____, 20__.

Notary Public, Baldwin County, Alabama
My Commission Expires:_____

STATE OF ALABAMA

COUNTY OF BALDWIN

I, _____, a Notary Public in
and for said County in said State, hereby certify that _____
_____, whose name as Parent/Guardian of _____ is
signed to the foregoing instrument and who is known to me, acknowledged before me on this
day that, being informed of the contents of the instrument, he/she executed the same
voluntarily on the date the same bears date.

Given under my hand and seal this the _____ day of _____, 20__.

Notary Public, Baldwin County, Alabama
My Commission Expires:_____

Individual Application Checklist

_____ **Completed entire application**
***911 address AND P.O.**

Social Security Number
Telephone Number
Date of Birth

_____ **Attached collateral documents**

Personal Letter

Doctor's Letter of Disability

***Proof of address/telephone**

***Attach bids/estimates**

***Proof of employment**

***Proof of employment – other household members**

***Proof of other forms of assistance**

***Proof of Monthly Expenses:**

- _____ **Mortgage/rent**
- _____ **Food**
- _____ **Electricity/Gas**
- _____ **Telephone/Cellphone**
- _____ **Water/Sewer/Trash**
- _____ **Cable/Satellite**
- _____ **Internet Service**
- _____ **Other**
- _____ **Automobile Payment**
- _____ **Gasoline**
- _____ **Tag/Tax**
- _____ **Medical/Dental/Vision Insurance**
- _____ **Life/Burial Insurance**
- _____ **Homeowners/Rental Insurance**
- _____ **Charge Cars/Credit Cards**
- _____ **Loan Payments**
- _____ **Real Estate Taxes**
- _____ **Other Expenses (Specified)**

***Proof of Monthly Income:**

- _____ **Income**
- _____ **Bonus/Tip/Commission**
- _____ **Social Security Benefits**
- _____ **Farm Income**
- _____ **Dividends/Interest**
- _____ **Real Estate Income**
- _____ **Alimony**
- _____ **Child Support**
- _____ **Food Stamps**
- _____ **Other Income (Specified)**

Individual Application Checklist Continued

***Proof of Cash On Hand:**

- _____ **Bank Statement**
- _____ **Savings Statement**

***Proof of Real Estate:**

- House
- Mobile Home
- Land
- Other

***Proof of Other Assets:**

- Other (Specified)

***Proof of Notes Payable/Mortgage:**

- Lender Statement

***Proof of Other Debt:**

- Taxes
- Other (Specified)

_____ **Specific details for "Proposed Use of Funds along with detail breakdown of what is being requested.**

_____ **Statement of circumstance and proposed resolution**

_____ **Copy of last Federal Income Tax Form and W-2**

_____ **Amount requested – Not to exceed limit**

_____ **Signed and dated**