

Operation Helping Others

INDIVIDUAL APPLICATION

Guernsey-Muskingum Electric Cooperative, Inc.
17 S. Liberty Street, New Concord, Ohio 43762
(740) 826-7661

DATE OF REQUEST: _____

DISTRICT #: 1 2 3 4 5 6 7
Circle One

DISTRICT REPRESENTATIVE: _____

INDIVIDUAL IN NEED: _____ GMEC Acct# (if member) _____

NAME: _____ ADDRESS: _____

CITY: _____ State: _____ ZIP: _____ PHONE: (____) _____

PURPOSE/REASON FOR WHICH YOU ARE APPLYING, LONG OR SHORT TERM CHALLENGE:

HOW MANY PERSONS WILL BENEFIT FROM THIS PROJECT? _____

- A) AMOUNT APPLYING FOR: \$ _____ (\$2,500 annual limit)
- B) DATE FUNDING NEEDED BY: _____
- C) WILL PARTIAL FUNDING HELP? ___ YES ___ NO
- D) Are you receiving assistance from any other source? ___ YES ___ NO (If yes, explain.)

HAVE YOU EVER RECEIVED ASSISTANCE FROM OPERATION HELPING OTHERS? ___ YES ___ NO
IF SO, WHAT AMOUNT DID YOU RECEIVE? _____

E) PLEASE SUMMARIZE HOW MONEY WILL BE SPENT.
(i.e.-equipment, education, housing, health care, civic benefit, environment, etc.)

F) PLEASE ATTACH COPIES OF COST ESTIMATES OR BILLS FOR WHICH YOU ARE REQUESTING FUNDING.

NAME OF PERSON RECOMMENDING PROJECT: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____