

**Application for Organization Donation**

Mail Completed Application to:  
Operation Helping Others  
**Guernsey-Muskingum Electric Cooperative, Inc.**  
17 S. Liberty Street  
New Concord, OH 43762

(Please print or type all information)

Organization Name: \_\_\_\_\_

Date Established: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

General Objectives of the Organization: \_\_\_\_\_

Describe the area of Guernsey-Muskingum Electric Cooperative's service territory that your organization serves: \_\_\_\_\_

Does your organization have tax-exempt status under IRS section 501(c)(3)  YES  NO

If yes, please supply a copy of the letter. **(This is not a requirement to obtain funding.)**

1. Briefly describe the project or program for which funding is being requested (may attach additional page if necessary)

\_\_\_\_\_

2. Describe the number of people that would benefit from this project or what type of an impact it will have:

3. Grant amount requested: \$ \_\_\_\_\_ (*\$2,500 annual limit*)

4. List other funding sources: \_\_\_\_\_

5. Have you received funding from Operation Helping Others in the past? Yes  No

If so, what amount \$ \_\_\_\_\_

6. What percentage, if any, is generated by levies and/or tax dollars? \_\_\_\_\_

7. If full funding is not received, how would reduced funding impact your project? \_\_\_\_\_

8. If Operation Helping Others is unable to approve your request for funds, what alternatives do you have?

\_\_\_\_\_

9. How do you plan to evaluate the success of your project/program? \_\_\_\_\_

For this application to be considered by the Guernsey-Muskingum Electric Cooperative, Inc. Operation Helping Others Committee, it must be signed by the organization's President and by the individual to whom future questions and correspondence may be addressed:

\_\_\_\_\_  
President/Chairperson

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
TAX I.D. # or SSN