



### INDIVIDUAL APPLICATION

Please return to: GMEC at [mailbox@gmenergy.com](mailto:mailbox@gmenergy.com) or  
17 S Liberty St, New Concord, Ohio 43762

**INDIVIDUAL IN NEED:** \_\_\_\_\_ GMEC Acct# \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

PURPOSE/REASON FOR WHICH YOU ARE APPLYING, LONG- OR SHORT-TERM CHALLENGE, BE AS SPECIFIC AS POSSIBLE:

\_\_\_\_\_  
\_\_\_\_\_

A) HOW MANY PERSONS WILL BENEFIT FROM THIS PROJECT? \_\_\_\_\_

B) AMOUNT APPLYING FOR: \$ \_\_\_\_\_ (\$2,500 annual limit)

C) DATE FUNDING NEEDED BY: \_\_\_\_\_

D) WILL PARTIAL FUNDING HELP? \_\_\_ YES \_\_\_ NO

E) ARE YOU RECEIVING ASSISTANCE FROM ANY OTHER SOURCES? \_\_\_ YES \_\_\_ NO

(If yes, explain.) \_\_\_\_\_

F) HAVE YOU EVER RECEIVED ASSISTANCE FROM OPERATION HELPING OTHERS?  
\_\_\_ YES \_\_\_ NO IF SO, WHAT AMOUNT DID YOU RECEIVE? \_\_\_\_\_

G) PLEASE SUMMARIZE HOW MONEY WILL BE SPENT. BE SPECIFIC AS POSSIBLE AND  
SUPPLY DOCUMENTATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

YOUR NAME IF DIFFERENT THAN APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_