Guernsey-Muskingum Electric Cooperative
OPERATION Helping Others

INDIVIDUAL APPLICATION

Please return to: GMEC at 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:** _____