



ORGANIZATION APPLICATION

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

(Please print or type all information)

Organization Name: _____

Address: _____

Contact Person: _____ Email: _____ 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 (Attach additional pages to include all details, **be sure to include estimates or bills for any funding requested if applicable.**)

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

3. Grant amount requested: \$ _____ (\$5,000 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 who future questions and correspondence may be addressed.

President/Chairman

Printed Name

Date

Contact Person

Printed Name

Date

Tax ID#