

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: \$ _____ (*\$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 whom future questions and correspondence may be addressed:

President/Chairperson

Contact Person

Signed Name

Printed Name

Signed

Date Signed

TAX I.D. # or SSN

Prepared: 08/23/16