



8. Does agency serve outside Morrow, Delaware, Knox, Richland, Marion, Franklin, Licking, or Marion counties?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide information on number served and location.

---

---

9. State Purpose of Organizations/Agency Request: (Include amount requested and specifics of how funds will be used.)

---

---

---

---

---

---

10. List other sources of funding for request as described in the above:

---

---

---

---

---

---

---

---

11. Explain what you have done to obtain other sources of funding (or what you will be doing to achieve this):

---

---

---

---

---

---

12. How are agency's/organization's programs measured for effectiveness?

---

---

---

---

---

---

13. Please list three references.

Name		Phone	
Address	City	State	Zip Code

---

Name		Phone	
Address	City	State	Zip Code

---

Name		Phone	
Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Consolidated Electric Foundation on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Consolidated Electric Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Consolidated Electric Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

**Please note that for the organization or agency who receives funding:**

- 1) The Consolidated Electric Foundation publishes the name, amount and purpose of funding granted. You may also be asked for a photograph for public relations purposes.
- 2) We also ask that you provide the Foundation with information to substantiate the funds awarded, such as copies of invoices, pictures of equipment purchased, or a statement describing specifically how the funds were used. This information is required for accounting and legal purposes only.

NAME OF ORGANIZATION \_\_\_\_\_

SIGNATURE/TITLE OF REPRESENTATIVE \_\_\_\_\_

DATE \_\_\_\_\_