

**REQUEST FOR FUNDS
OILHEAT CARES PROJECT**

Date:

Chapter or Virtual (National Direct) Member:

Name of Recipient:

Address:

Is the recipient the owner of the property? (if not, explain) _____

Brief description of the proposed project and a general statement of why this candidate needs help: (specify work to be done, preference of equipment to be used, best estimate of **equipment** costs, estimated date of completion of installation and reason for involvement – attach any specifications that you feel appropriate.)

Name and Address of Lead Contractor (who will be filing for any necessary permits, be listed as the primary contractor for the project, co-ordinate and inspect the work done and provide insurance to cover the work)

The above information is true and accurate to the best of our knowledge.

President of Chapter (or Virtual Member) Lead Contractor Date

Date: _____

*Recipient of the Project (signature)

*Permission to use your name & any pictures taken of your house or individuals in the family for any publicity that might result from this project as well as agree that you understand that this project will be done with donated equipment and labor provided on a voluntary basis.



Review by the Oil Heat Cares Committee: _____
Request Approved (Date) _____ Denied (Date) _____

All paperwork to be returned to NAOHSM, P.O. Box 67, East Petersburg, PA 17520
888-552-0900 and Fax: 717-625-3077.