

**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: (specify work to be done, preference of equipment to be used, best estimate of **equipment only** 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

\_\_\_\_\_  
\*Recipient of the Project (signature)      Date: \_\_\_\_\_

\*Permission to use your name & picture of your house in 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.  
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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.