

Application deadline: _____

Meeting date: _____

Dear Applicant:

Please be sure to completely fill out this application. Be specific with your request and detailed with the amount requested. If you need more space than is allotted for the information, please attach a separate sheet.

Note: Operation Round Up does NOT assist with electric bills.

Before submitting the application, please make sure you have reviewed and completed (i.e. can answer “Yes”) the following checklist:

***You must be able to answer “yes” to the following questions. If this information is not provided, your application will be returned automatically.**

- | | Yes | No |
|---|-----|-----|
| 1. Is your application complete? | ___ | ___ |
| 2. Have you specified what you are requesting? | ___ | ___ |
| 3. Have you provided a dollar amount for your request? | ___ | ___ |
| 4. Have you provided estimates or rental lease? | ___ | ___ |
| 5. Have you provided copy of your tax return? | ___ | ___ |
| 6. Have you provided three references with at least one written recommendation? | ___ | ___ |
| 7. Did you sign your application? | ___ | ___ |

We recommend you have someone such as a doctor, counselor, or social worker attach a letter that details the need or purpose of the request. If you have any questions, please call our office at 405-230-1442 , and we will try to assist you.

You will be notified by mail of the Board’s decision on funding.

Thank you in advance for you cooperation.

Sheri

Operation Round Up Coordinator
Canadian Valley Electric Cooperative

Have you ever applied for our program? No ____ Yes ____ If yes answer the questions below.

Date	Amount	What were the funds used for

*****if approved less than 12 months ago not eligible to apply**

How did you learn about our program?

Family or Friend ____ Referred by CVEC employee ____ Internet/CVEC website ____

Other _____

Most asked questions regarding application

Let the board understand your situation. Why do you need what you are asking for?

Why do I need an estimate? The board will not know how much to approve without an estimate, once the amount is approved the amount can not be adjusted. Estimate needs to be on Letter head from the place of business.

Make sure you list your monthly income. If you have no income but have monthly bills you will need to explain how you pay monthly bills with no income.

Do I need my complete tax form? NO, we only need the 1st page of your Federal form, showing dependents. If the dependents do not match on application and tax form, you will need to explain why.

If you do not file taxes list why, example: on disability, did not work last year, etc.

Why do I need to list references? If the Board needs to call and ask questions regarding your situation.

Most applicants are denied due to lack of information. Make sure you provide all items on check list on cover page



CVEC FOUNDATION, INC
 11277 NORTH HWY 99
 SEMINOLE, OKLAHOMA 74868
 405-382-3680 405-230-1442 918-689-3232
 FAX 405-230-1542

APPLICATION FOR DONATION
 FOR INDIVIDUAL AND/OR FAMILY

1. Name: _____ Spouse Name: _____
 Social Security #: _____ Social Security #: _____
 Age _____ Age _____

2. **Legal Members of Household: (include proof of dependency for minor Children)**

	Last Name	First	Middle	Relationship	Age
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

3. Address: _____
 If Post Office Box, list street address as well

City or Town State Zip Code

4. Phone No. _____
 Home/Cell Work

5. Employer of those listed in 1a and 1b above:

1a. _____
 Company Name Supervisor

_____ _____
 Address Phone

1b. _____
 Company Name Supervisor

_____ _____
 Address Phone

6. Are any other members of your household earning a regular salary? Yes ___ No ___

7. Reason for Request for Donation (what created the situation for the need)?
Explain why you should be approved for help.

8. What would the funds be used for (be specific)? **Must attach an estimate or statement**
Be descriptive and list what would help you most. 1. Being most important

1. _____
2. _____
3. _____
4. _____
5. _____

9. TOTAL AMOUNT REQUESTED \$ _____
(Max \$3,000.00) **Give Dollar Amount**

PLEASE ATTACH MOST RECENT COPY OF INCOME TAXES (1040 OR 1040A) RETURN, FIRST PAGE ONLY, APPLICATIONS WILL NOT BE CONSIDERED FOR DONATION UNLESS ATTACHED. IF YOU DO NOT FILE INCOME TAX PLEASE LIST REASON

This section must be completed if left blank application will be denied.

13. PLEASE LIST 3 REFERENCES BELOW AND ATTACH 1 TO 3 WRITTEN RECOMMENDATIONS REGARDING NEEDS & SUPPORT. (May not be a director or employee of Canadian Valley Electric cooperative or the CVEC Foundation, Inc. or a relative of this request.)

Name		Phone	
Address	City	State	Zip
Name		Phone	
Address	City	State	Zip
Name		Phone	
Address	City	State	Zip

The information contained in this statement is for the purpose of obtaining funding from the CVEC Foundation, Inc., on behalf of the applicant. Each applicant understands that the information provided herein is used in deciding to grant funding.

Each applicant represents and warrants that the information furnished herein is true and correct and agrees that all information furnished is material in the granting of funding.

Each applicant authorizes the CVEC Foundation, Inc., its officers, and agents to verify each applicant's past and present employment.

Each applicant hereby authorizes all financial institutions to disclose to the CVEC Foundation, Inc., its officers, and agents the balance of funds in the accounts of applicants.

Each applicant agrees to execute any document requested by the CVEC Foundation, Inc., its officers, trustees and agents that may be necessary for the CVEC Foundation, Inc., its officers, and agents to verify the information furnished by each applicant.

Each applicant agrees that if there is a material misrepresentation whether fraudulent, negligent, or innocent, each applicant agrees to be joint and several liable to the CVEC Foundation, Inc. To reimburse the CVEC Foundation, Inc. all money funded to applicants together with interest thereon at the rate of 18% per annum from the date the money was advanced to applicants.

Each applicant understands that the CVEC Foundation, Inc. is not under any obligation to grant the request of the applicants or any part of the request.

Signature of Applicant / Recipient

Signature of Spouse

Date