

MOUNTAIN VIEW ROUND UP FUND, INC.

11140 E WOODMEN RD

FALCON, CO 80831

ROUND-UP FUND FAMILY APPLICATION INSTRUCTIONS

**Only original printed applications can be accepted!
Please do not submit electronically!**

What is the Round Up Fund?

Round Up is a non-profit fund, generated by and benefiting customers of Mountain View Electric Association (MVEA). The funds are administered and distributed according to the direction of a volunteer board made up of MVEA members throughout our service territory.

Who is Eligible To Request Assistance?

Individual applicants must be current MVEA members (having an account in your name), living within MVEA's service territory, or within other locales where MVEA is authorized to provide utility service.

How do I Apply For Assistance?

Anyone with a specific need for funds can make application to the Round Up Fund Board. There are two different applications -- one for families and individuals, a second for organizations. **Application forms are available at both MVEA business offices and on the MVEA website: www.mvea.coop**

What other information should I include with my form?

Print legibly and in black or dark blue ink! Illegible applications will be returned.

- **A cover letter is REQUIRED**, outlining your need, the reason you have this need, and how much you need. Any information you can supply in the cover letter is extremely helpful to the board in making decisions regarding these requests.
- You need to write in **all** areas of the application, **do not leave anything unanswered**. If not applicable please write N/A.
- If the funds are requested to purchase a new item or for a repair, please include **three separate bids** for the item or work. We request that at least one bid be from a vendor or supplier in the MVEA service territory if at all possible.
- If you are requesting funds to pay a particular bill/s, include **copies** (NOT the originals) **of all the bills** for which you are requesting assistance, and/or any other correspondence regarding your account. If you are applying for rent, please attach a copy of your lease AND a letter from your landlord stating how much you owe. Their mailing address must be included. **As the checks will be paid to the person/s you owe, the application cannot be reviewed without these copies.**
- **List all sources of income in the household. You MUST disclose all persons in the household.** You **MUST** provide copies of a **current paystub** for **each** adult member of the household. If an adult member is unemployed, please state the reason this person is not working.
- If receiving Social Security Benefits, we **must** have proof of the amount received by each member of the household. If SSI, **the letter** showing your award.
- **List other sources of funding or assistance** that are available to you. Outline which sources you are pursuing, the amounts requested, and state any amounts already awarded.
- If disabled please provide all letters of proof, **which includes a letter or statement from your doctor verifying your condition.**

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- Please make sure to **sign and date** the application and **type or print legibly in black or dark blue ink**.

When is the deadline for application submission?

The Round Up Fund Board meets in January, March, May, July, September and November.

Applications received by the **25th day of December, February, April, June, August, and October** will be considered at the following regularly scheduled meeting. If the 25th is on a weekend or holiday, the deadline will be the Thursday BEFORE the 25th.

Is there a limit to the amount I can request?

Yes, there is a limit to the amount of money that will be awarded to any family, individual, or organization. **Limits are set by the board and are subject to periodic review.**

\$2,500 Annually for an Individual or Family

No money will be paid directly to an individual applicant!

Will I receive a check from Round Up?

Individual/family grant funds will be paid **to the third party** providing the merchandise or service. Any application lacking the name and address of the person to whom the check will be made **will be returned to the applicant** for this information. This action will **delay** the decision by approximately two months.

Required references. Your application **WILL NOT be reviewed if not completed!**

You MUST include at least three (3) letters of reference from persons who know you and your situation well, including one reference from the Human Services Agency that is working with you (such as: TANF, Goodwill, Head Start, Care and Share, Pikes Peak Community Action Agency, Tri-Lakes CARES, Black Forest CARES, Ecumenical Social Ministries, Salvation Army), and two (2) **UNRELATED** persons such as: a school official, pastor/priest/rabbi, your physician (**required** if your situation includes a medical condition), or your employer or past-employer. **Do not include persons living in your home, family members, or those you have listed in Liabilities.**

Where should completed Forms be sent?

The **original** completed forms should be sent to:

**MVEA Round Up Fund
11140 E. Woodman Road
Falcon, CO 80831**

The Round Up Board MUST have the original application form with signature. Faxed or electronically submitted copies cannot be accepted.

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If ANY of the information required is not complete, your application will NOT be considered!

How quickly will the Board respond to my request?

Completed applications received **before** the **25th day** of December, February, April, June, August, and October will reviewed at the following Board Meeting. We will contact you when any decision is made regarding the request. We ask that any inquiries about your request be sent **in writing**. Due to the volunteer nature of our board we are unable to handle inquiries about application status via telephone or in person. However, if you need assistance completing the application, or have any other questions about the application process, please call our Round Up Coordinator at 719-494-2622 or 1-800-388-9881.

If my request is considered by the Board and denied, can I appeal?

The Board's decision is final, and cannot be appealed. If you wish, you may reapply for the following Meeting of the Board. You will, however, be required to fill out another application and furnish new, current letters of reference with current dates. These applications will be treated as all other applications for that meeting. You will be advised of the Board's decision within a few days of the Meeting.

Additional Emergency Assistance Agencies

Pikes Peak Community Action Agency

Eastern El Paso County Office, Calhan
(719) 347-2976

Eastern Colorado Springs Office
(719) 385-7930

Fountain Office
(719) 382-8515

Tri-Lakes CARES

(719) 481-4864

Ecumenical Social Ministries

(719) 636-1916

Silver Key (if over 60)

(719) 632-1521

Army Emergency Relief

(719) 526-4783

Red Cross

(719) 632-3563

Salvation Army

(719) 389-1662

Leap (For Energy assistance)

El Paso County: (719) 442-0007

Elbert County: (719) 541-2369

Douglas County: (303) 688-4825

Lincoln County: (719) 743-2404

Washington County: (970) 345-2238

Pueblo County: 719) 583-6356

Crowley County: (719) 267-3546

Arapahoe County: (303) 795-4850

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Grant Application Individual or Family

**Please complete ALL information! Incomplete applications
WILL NOT be considered!**

PERSONAL INFORMATION

Applicant's Name: _____

Date of Birth _____ Social Security Number _____

Co-Applicant: _____

Date of Birth _____ Social Security Number _____

Address: _____

City _____, CO. Zip Code _____

Work Phone: _____ Home Phone: _____

Are there any other adults (18+) living in the household? If so, names, ages, relationship ,and income (if no income, explain):

List names and ages of all children (birth through 17) living in your home:

Grant to be used for (show each amount and to whom it will be paid)

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____

Total Amount Requested: \$ _____

(If you are asking for help with your propane expenses, include a copy of your LEAP application or award notification letter)

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Address: _____

City _____, CO. Zip Code _____

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Are you receiving any other assistance or aid i.e. food stamps, TANF, Social Security? [] yes [] no.

If yes , please specify benefit amounts: _____
_____ [] monthly or [] annually.

PRESENT EMPLOYMENT INFORMATION

Applicant's employment:

Other employment in household:

Job #1 (Position) _____

Job#2 (Position) _____

Company Name: _____

Company Name: _____

Company Address: _____

Company Address: _____

Supervisor Name _____

Supervisor Name: _____

Phone: _____

Phone: _____

Total current Annual Household Income:

Annual Salary \$ _____

Dividends & Interest \$ _____

Tips/Bonus \$ _____

Real Estate Income \$ _____

Commissions \$ _____

Farm Income \$ _____

Other \$ _____

Other \$ _____

Other income you should be receiving but do not such as child support, please explain; _____

STATEMENT OF FINANCIAL CONDITION

ASSETS: What you own:

Cash: _____ \$ _____
Banking Institution Address Amount

Savings: _____ \$ _____
Banking Institution Address Amount

Real Estate: _____ \$ _____
Ownership Address Market Value

Personal Property: _____ \$ _____
Year Type Value
_____ \$ _____
Year Type Value
_____ \$ _____
Year Type Value

TOTAL ASSETS \$ _____

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LIABILITIES: What you owe:

Bills Owed: _____ \$ _____

_____	_____	_____	_____
Lender Name	Why owed/Purpose?	Monthly Payment	Balance
_____	_____	_____	_____
Lender Name	Why owed/Purpose?	Monthly Payment	Balance
_____	_____	_____	_____
Lender Name	Why owed/Purpose?	Monthly Payment	Balance
_____	_____	_____	_____
Landlord/Lender Name	Why owed/Purpose?	Monthly Payment	Balance

Other Debts: _____ \$ _____

_____	_____	_____	_____
Name	Why owed/Purpose?	Monthly Payment	Balance
_____	_____	_____	_____
Name	Why owed/Purpose?	Monthly Payment	Balance
_____	_____	_____	_____
Name	Why owed/Purpose?	Monthly Payment	Balance

TOTAL LIABILITIES \$ _____

\$ _____ Estimate your monthly living expenses (food, phone, utilities etc).

REQUIRED REFERENCES

You MUST include at least three (3) letters of reference from persons who know you and your situation well. Required references are: a letter from the Human Services Agency that is working with you (such as: TANF, Goodwill, Head Start, Care and Share, Pikes Peak Community Action Agency, Tri-Lakes CARES, Black Forest CARES, Ecumenical Social Ministries, Salvation Army, and two (2) **UNRELATED** persons such as: a school official, pastor/priest/rabbi, your physician (required if your situation includes a medical condition), or your employer or past-employer. **Do not include** persons living in your home, family members, or those you have listed above in Liabilities.

DISCLAIMER

The information contained in this statement is for the purpose of obtaining funding from Mountain View Round Up Fund, Inc. on behalf of the undersigned and will be kept confidential. 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 Mountain View Round Up Fund, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. Mountain View Round Up Fund, Inc. is authorized to make all inquires they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant/Recipient _____ Date _____

Signature of Co-Applicant _____ Date _____

The following information is voluntary. It will not affect any decisions regarding this application.

I [] will, [] will not allow my photo or name to appear in Mountain View Electric Association publication to promote the Round Up Fund.

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**AUTHORIZATION FOR CREDIT INFORMATION RELEASE
(REQUIRED)**

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

I hereby authorize the release of my credit information to the Mountain View Round Up Fund, for the purpose of verifying my application. A photocopy of my authorization may be used to obtain credit information.

Authorized Signature: _____

Date: _____

Co-Applicants Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

I hereby authorize the release of my credit information to the Mountain View Round Up Fund, for the purpose of verifying my application. A photocopy of my authorization may be used to obtain credit information.

Authorized Signature: _____

Date: _____