



## Delta-Montrose Electric Association

### Charitable Trust

P.O. Box 910 Montrose, CO 81402

1-877-687-3632 (877-OUR-DMEA)

- The Mission of the Operation Round Up Trust is the accumulation and disbursement of funds for charitable purposes. These funds will only be considered for those applicants **residing within the service area** of Delta-Montrose Electric Association (DMEA). They are donated to individuals and organizations for such things as food, shelter, clothing, health needs, education, the arts, etc.
- Funds are donated by members of DMEA who elect to have their monthly electric bill rounded up to the next whole dollar. Funds are disbursed by the Operation Round Up Board. The board understands its responsibility to the members to be good stewards of the funds they contribute.
- DMEA has no input into the disbursement of funds and no Round Up funds are applied to any DMEA expenses. Their role is only to collect Round Up funds, receive applications and pass them on to the board. They have **NO** input into the decisions of the Round Up board.
- All applications must be **completely** filled out in **English** and **signed** to help the board make informed decisions. Incomplete, illegible, or non-English forms will not be considered.
- Funds may be used to pay electric bills; however, the Trust does not encourage this or any other practice which might be viewed as self-serving. Disbursement of funds to help pay electric bills may only happen once per applicant in any 24 month period.
- The board meets once each month and reviews all submitted applications. Each application is read by each board member, evaluated on its merits, and approved or denied by a majority vote of the board.
- The numbers of requests for funding varies every month. Although the board would like to assist all applicants, resources do not allow funds to be awarded to every applicant. Many times the board is able to fund fewer than half the requests.
- All applicants will be informed by mail of the decision of the board. The employees at DMEA are **prohibited by policy** from informing the applicants of the board's decisions.



# Delta Montrose Electric Association Charitable Trust

P.O. Box 910 Montrose, CO 81402 970-249-4572

## APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

### 1. APPLICANT

Last Name		First Name		Middle	Maiden or Previous Name	
Address Of Residence				City	State	Zip Code

DMEA Member Yes\_\_\_\_\_ No\_\_\_\_\_ DMEA Account Number: \_\_\_\_\_

Mailing Address (If different than residence)			City	State	ZIP Code
Home Phone	Cell Phone	Work Phone	Other Phone		
Contact Person or Referring Agency	Relationship	Address	Phone Number		

### 2. HOUSEHOLD MEMBERS

Names *** (List yourself and ALL household members)*****	Relationship to You	Age	Income or Job?		Employer or Income Source	Employer Contact Phone:
			Yes	No		
	SELF					

\*\*\* Household members 18 years or older with \$0.00 income will need to each provide a written statement verifying that he/she has had no income for the past 12 months. Include and explanation of how you have met any and all financial obligations (paid bills, etc.)

**Incomplete and/or unsigned applications will not be considered.**  
**PLEASE COMPLETE EVERY LINE**





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**4. MONTHLY INCOME/ EXPENSE**

Monthly Income	Amount
Salary	\$
Salary of other household members	\$
Bonuses, tips, commissions	\$
<b>Assistance Programs, Social Security, Retirement, Pensions, and Other Programs</b>	
Supplemental Social Income (SSI)	\$
Social Security Disability Income (SSDI)	\$
Temp. Aid to Needy Families (TANF)	\$
Aid to Needy Disabled (AND)	\$
Old Age Pension (OAP)	\$
Aid to the Blind (AB)	\$
Women with Infant Children (WIC)	\$
Low-Income Energy Assistance Program (LEAP)	\$
Food Stamps	\$
Child Support	\$
Tax Returns	\$
Other Programs: _____	\$
_____	\$
_____	\$
<b>TOTAL MONTHLY INCOME</b>	\$

Monthly Expenses	Amount
Housing Rent_____Own_____	\$
Food	\$
Utilities	\$
Insurance	\$
Medical expenses	\$
Charge accounts such as credit cards or store accounts	\$
Loans	\$
Taxes	\$
Other Expenses : _____	\$
_____	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$

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**5. ASSETS AND OTHER DEBTS**

Assets (what you have)	Amount	Debts (what you owe)	Amount
Cash/Savings		To:	
Real Estate			
Earned Income Credit / Other Assets _____			
Do you own a second home? Yes ___ No ___			

**6. CONTACT, SIGNATURE AND WARRANT**

May an Operation Round Up Board Member contact you for further information or explanation?  
 Yes\_\_\_ No\_\_\_ Evening phone number: \_\_\_\_\_

If you are accepted, may we use your name for publication? Yes\_\_\_ No\_\_\_  
 (You may choose to remain anonymous. It will not affect our decision to help you.)

**BY SIGNING, I WARRANT THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE AND THAT I MAY BE LIABLE FOR DAMAGES IF ANY STATEMENTS IN THIS APPLICATION ARE FALSE OR MISLEADING. I FURTHER CERTIFY THAT I HAVE READ THE FOLLOWING:** The information in this Application is for the confidential use of the Delta-Montrose Electric Association Charitable Trust and is given for the purpose of receiving funding from the Trust. By signing, I understand that the information provided is true in all respects as of the date the Application is tendered to the Trust and is being relied upon in deciding to award any grant to me. In addition, if circumstances change after the date this Application is submitted for consideration and before I receive any funding from the Trust, then I have an affirmative duty to contact the Trust and update any information so that at all times the information is true and correct in all respects. If any statements are found to be untrue I acknowledge that I will be required to repay to the Trust any amounts I improperly received and I may be liable for further damages. I authorize the Board of the Trust to make all inquiries it deems necessary to verify the accuracy of the statements made in this Application.

\_\_\_\_\_  
 Signature of applicant Date

\_\_\_\_\_  
 Signature of spouse Date

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**PLEASE COMPLETE EVERY LINE**