



Dear Applicant,

Thank you for taking the time to apply for an OEC Foundation, Inc. Operation Round Up® grant. Your needs are important to the foundation and we want to fully understand your situation. Before submitting an application, please make sure you can answer YES to each item on the REQUIRED INFORMATION CHECKLIST on the bottom of this page.

Established in 1993, the Operation Round Up program is made possible through the generous donation of OEC members who elect to "round up" their electric bill each month. The "round up" amount is placed into a fund of the OEC Foundation and is held independently from the finances of Oklahoma Electric Cooperative. The fund is solely controlled by an independent and voluntary board of directors representing each of OEC's nine districts.

The OEC Foundation meets every six to eight weeks to review and act on grant requests. Applications are due two weeks before the scheduled meeting date which is posted on the website **www.okcoop.org/ORU**. Grant requests can be mailed to the post office box listed on this letter head or submitted electronically to ORU@okcoop.org. Applicants will be notified via mailing of the OEC Foundation Board's decision. Notification may take up to a week following the meeting. For specific questions about the program or help filling out the application contact:

Tory Tedder-Loffland Education & Outreach Programs Director (405) 217-6726 ORU@okcoop.org

PLEASE REVIEW YOUR APPLICATION BEFORE MAILING. Incomplete forms or insufficient information will cause your application to be returned or denied. Applications must be received by the deadline (see okcoop.org/ORU or call 321-2024). Applications received after this date will be held for the next meeting. DO NOT FAX YOUR APPLICATION. Faxed applications will not be accepted. You may scan and email an application to ORU@okcoop.org or mail it to:

OEC Foundation PO Box 721105 Norman, OK 73070

NOTE: Operation Round Up does NOT assist with utility or other bill payments, rent or mortgage payments, or individual Christmas gifts. Please call 2-1-1 for resources to assist in these areas.

| RE | QUIRED INFORMATION CHECKLIST | YES |
|----|---|-----|
| 1. | Is your request clear and detailed? Did you specify your exact needs? Did you include the amount of money needed to satisfy your request? | |
| 2. | Did you attach estimates or invoices detailing the amount of money needed to satisfy your need? If approved, payment will be made to vendors on your behalf. | |
| 3. | Did you attach a LETTER OF RECOMMENDATION (LOR)? Simple verification of services received does not qualify as an LOR. Your LOR must be from someone who knows you and your situation personally, but is unrelated to you. Good references are doctors, clergy, teachers or other professionals you have regular contact with. Personal letters from neighbors or friends are welcome as support, but do not qualify as an LOR. LORs should be sealed and mailed separately from the application. | |
| 4. | Have you attached a <u>clear and legible</u> copy of your photo identification? Also include a photo ID for anyone in your household of age 18 and older. If your request includes dependent children, include proof of dependency (birth certificate, tax records, TANF listing, etc.). | |
| 5. | Did you list three references and include an address and phone number for each? | |
| 6. | Did you sign the application? | |



| Applicant Information | | | | | | | |
|--|---|------------------|-------------------------|------------------------------|-------------|--|--|
| Name: | | | | | | | |
| Mailing address: | | | T | | | | |
| City: | State: | | ZIP Code: | | | | |
| Physical address, if different: | | | | | | | |
| Email address: | | | | | | | |
| Phone: | How long have you lived here: Choose one: OWN | | | OWN | RENT | | |
| Employment Information | | | | | | | |
| Are you employed?(choose one) YES NO | If no, please explain: | | | | | | |
| Employer: | Address: | | | | | | |
| Supervisor: | Phone: | Н | low long have you w | orked here | ? | | |
| Wages: \$ | (circle o | ne) per | Week per Mo | onth | per Year | | |
| Co applicant Information (Spouse, Partn | er, Roommate, etc. | must reside in t | the same residence | e.) | | | |
| Name: | | | | | | | |
| Relationship: | ow long have you lived here: | Р | hone: | | | | |
| Employment Information for Co applicar | nt | | | | | | |
| Are you employed?(choose one) YES NO | If no, please explain: | | | | | | |
| Employer: | Address: | | | | | | |
| Supervisor: | Phone: | Н | low long have you w | w long have you worked here? | | | |
| Wages: \$ | (circle o | ne) per | Week per Month per Year | | | | |
| Dependents and Others Living in the Home | | | | | | | |
| (Include the names of all people living in your hom | ne. Add additional pages if | | | | | | |
| Name: DO NOT INCLUDE YOURSELF | | Relationship: | | | Age: | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| Employment Information for Dependents and Others Living in the Home (Include employment information for all of age people living in the home. Add additional pages if needed.) | | | | | | | |
| | mployer: | | Income: | (| circle one) | | |
| 1. | | | \$ | | vk mo yr | | |
| 2. | | | \$ | ' | | | |
| 2. \$ per wk mo yr | | | | | | | |
| DO NOT WRITE BELOW THIS LINE. For internal OEC Foundation use only. | | | | | | | |
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| What is your Request? Be specific | and e | xpiaii | I. (Add additio | onal pages if need | led.) | | |
|---|--|------------------------------------|-------------------------|------------------------------------|-----------------------|-------------------|-----------------------------|
| AMOUNT: \$ | | | | | | | |
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| FINANCIALS—fill out completely. | Every | / blan | k should ha | ve an answer. | | | |
| Assets | | | | | | | |
| Do you have a bank account?(circle one) | YES | NO | Checking: \$ | | S | aving | ıs: \$ |
| Do you own real estate?(circle one) YES | NO | If yes | , Location: | | • | | Market Value: \$ |
| Do you own a vehicle?(circle one) YES | NO | Make | /Model/Year: | | | | Market Value: \$ |
| More than one vehicle?(circle one) YES | NO | Reco | rd the Make/Mo | odel/Year & Market | Value for | each | vehicle on a separate page. |
| Other Income | | | | | | | |
| SSA/SSDI: \$ | SSI: | \$ | | | VA: \$ | | |
| Child Support (received): \$ | Spous | usal Support: \$ | | Pension: | Pension: \$ | | |
| Other Income? \$ | Expla | in other | income: | | | | |
| Debt, Loans | | | | | | | |
| Credit Card Debt? (circle one) YES N | ЮН | O How many cards? Are you current? | | | Total owed: \$ | | |
| Auto Loan? (circle one) YES | NO If | If yes, monthly payment? \$ | | Are | | you current? | |
| Child Support (paid): \$ | D | Do you owe back child support? | | | | Medical bills: \$ | |
| Monthly Expenses Only include of | expen | ses yo | ou pay your | self, not those | paid by | y ot | hers |
| Rent/Mortgage: \$ | Rent/Mortgage: \$ Gasoline for your vehicle: \$ Food: \$ | | | | | | |
| Electric: \$ | Gas/F | | as/Propane for home: \$ | | Water/Sewer/Trash: \$ | | /Trash: \$ |
| Telephone/Cell phone: \$ | Cable | able/TV: \$ | | Internet: \$ | | | |
| | | | | | | | |
| List social service/charitable agend (Include SNAP, food stamps, WIC, TANIF, e | | iding a | any membe | r of the house | hold. | | |
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| How did you learn about the OEC F | ound | ation | Operation F | Round Up grar | nt? | | |
| Social/Case Worker? | Doctor? | | | Church/Clergy/Pastor? Name/Church: | | | |
| Name: | Name | e/Office: | | | Name/0 | nurcد | cn: |
| Lawyer/Law Enforcement? | | d/Neigh | bor? | | Other? Specify: | | |
| | Name | e: | | | | | |
| | 1 | | | | 1 | | |

| References, personal or professional | | | | | |
|--|----------|--------|--|--|--|
| Name: | Address: | Phone: | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| The information contained in this statement is for the purpose of obtaining funding from the OEC Foundation, Inc., on behalf of the undersigned. 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 the OEC Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The OEC Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. | | | | | |
| | | | | | |
| Signature of applicant: | Date: | | | | |
| | | | | | |
| Signature of co-applicant: | Date: | | | | |

Did you answer every question? Please review to ensure every box has an answer before submitting for consideration.

Can you answer 'yes' to every question in the checklist on the cover page? If not, your application is incomplete and will be returned without review.