



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 four to six week to review and act on grant requests. Applications are due a minimum of one week 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 Coordinator
(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 Christmas gifts.

REQUIRED INFORMATION CHECKLIST

YES NO

- 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 needs? 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 quality as an LOR.
4. Have you attached a clear and legible 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?

NOTE: If you answered NO to any one of these questions, your application is incomplete and will be returned.



Applicant Information

Name:
Current address:
City: State: ZIP Code:
Mailing address, if different:
Phone: How long have you lived here: Circle one: OWN RENT

Employment Information

Are you employed? (circle one) YES NO If yes, Employer:
Employer address:
Supervisor: Phone: How long have you worked here?
Wages: \$ (circle one) per Week per Month per Year

Co-applicant Information (Spouse, Partner, Roommate, etc.—must reside in the same residence.)

Name:
Relationship: How long have you lived here: Phone:

Employment Information for Co-applicant

Are you employed? (circle one) YES NO If yes, Employer:
Employer address:
Supervisor: Phone: How long have you worked here?
Wages: \$ (circle one) per Week per Month per Year

Dependents and Others Living in the Home

(Include the names of all people living in your home. Add additional pages if needed.)

Table with 3 columns: Name, Relationship, Age. Rows for 1 and 2 dependents.

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.)

Table with 3 columns: Name, Employer, Income. Rows for 1 and 2 dependents.

DO NOT WRITE BELOW THIS LINE. For internal OEC Foundation use only.

Blank area for internal use only.

What is your Request? Be specific. (Add additional pages if needed.)

AMOUNT: \$

FINANCIALS

Assets

Do you have a bank account? (circle one)	YES	NO	Checking: \$	Savings: \$
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	Record the Make/Model/Year & Market Value for each vehicle on a separate page.	

Other Income

SSA/SSDI: \$	SSI: \$	VA: \$
Child Support (received): \$	Spousal Support: \$	Pension: \$
Other Income? \$	Explain other income:	

Debt, Loans

Credit Card Debt? (circle one)	YES	NO	How many cards?	Are you current?	Total owed: \$
Auto Loan? (circle one)	YES	NO	If yes, monthly payment? \$	Are you current?	
Child Support (paid): \$	Do you owe back child support?			Medical bills: \$	

Monthly Expenses – Only include expenses you pay yourself, not those paid by others

Rent/Mortgage: \$	Gasoline for your vehicle: \$	Food: \$
Electric: \$	Gas/Propane for home: \$	Water/Sewer/Trash: \$
Telephone/Cell phone: \$	Cable/TV: \$	Internet: \$

List social service/charitable agencies providing assistance to any member of the household.

(Include SNAP, food stamps, WIC, TANIF, etc.)

How did you learn about the OEC Foundation Operation Round Up grant?

Social/Case Worker? Name:	Doctor? Name/Office:	Church/Clergy/Pastor? Name/Church:
Lawyer/Law Enforcement?	Friend/Neighbor? Name:	Other? Specify:

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: