Individual and Family Application

Cuivre River Electric Community Trust

Application Check List

❒ **Complete the application**
Complete all questions on pages 2-5. Answer every question. Unanswered questions may result in an incomplete application.

❒ **Write your personal statement**
Include a 1-2 page statement explaining:
(1) How you plan to use the requested funds.
(2) The circumstances that have created your need for assistance.
(3) Why this assistance would make a difference.

❒ **Include bids or estimates**
Attach copies of treatment plans, quotes or estimates from service providers related to your request. Work must be performed by licensed providers.

❒ **Review before submitting**
Make sure all questions are answered and all required documentation is included. Incomplete applications will not be considered or retained.

What is Operation Round Up?

Need a helping hand? Operation Round Up is a community outreach program funded by Cuivre River Electric Cooperative members. Participating members voluntarily "round up" their monthly electric bill payments to the next highest dollar, contributing an average of $6 per year to help neighbors in our communities.

What needs qualify?

- Health and medical needs
- Home weatherization
- Educational opportunities
- Youth programs and activities

What is not eligible?

- Utility bills
- Mortgage or rent payments
- Property taxes
- Automobile expenses
- Credit card/collection payments

Operation Round Up funding is intended to address specific needs within the program's eligible categories. Not all requests within these categories will qualify.

Who can apply for grant funding?

Members and non-members may apply if you live within CREC's general service area, which includes Lincoln, Pike, Warren and St. Charles counties (**excluding 63301 zip code**).

How much can you request?

$1,000	$2,500	$5,000
Dental maximum/year	Individuals maximum/year	Families maximum/year

- Checks are issued directly to service providers — not applicants.
- The amount approved can be any amount up to the requested amount. For example, an applicant may request $1,000 and be approved for $500.
- Repeat applicants must submit a new application.

Deadline and review process

- **Deadline:** Applications are due by the last day of each month.
- **Review:** Seven volunteer Community Trust Board members review applications on the second Thursday of the following month. Incomplete applications will not be reviewed.
- **Notification:** Applications that are denied are mailed a letter about the board's decision on the same day as the meeting. Approved applicants are mailed a check 2-3 weeks after the meeting. Tabled applications are reviewed the following month.

Funding is not available until approved by the trustees.

Where do I submit my completed application?

- **Email:** tschmidt@cuivre.com
- **Mail:** Operation Roundup, PO Box 160, Troy, MO 63379
- **In person:** 1112 E. Cherry St., Troy; or 8757 Hwy. N, Lake Saint Louis

Need additional information or have a question?

Tim Schmidt, Operation Round Up Coordinator
tschmidt@cuivre.com | 636-695-4837

All fields must be completed; all required documents submitted before applications can be reviewed.

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Incomplete applications will not be considered.

Please refer to page 1 of this application for a complete list of eligibility requirements.

Please type or print clearly with dark ink. The application deadline is the last day of each month.

For Office Use Only

Request

- **Amount of Request:** _____
- **Date of Application:** _____
- **Please attach your personal statement to:**
  1) tell how the funds will be used, and
  2) explain the circumstances that have prompted your need of assistance.
- **List the suppliers and/or service providers that will recieve funds if this application is approved. Appropriate bids/estimates/bills must be attached to this application. Checks CANNOT be written to applicants.**

_____

Applications submitted without a personal statement and bids will not be considered.

Personal Information

- **Name of Applicant:** _____
  Last First Middle
- **Address:** _____
  Street

  _____
  City State Zip Code County (Lincoln, Pike, St. Charles or Warren)
- **Date of Birth:** _____ **Do you OWN or RENT your home?** ❒ Own ❒ Rent
- **Phone Number:** _____ **Email Address:** _____
- **List all members of household, including children** (please list ***ages*** for all family members)**:**

  _____
- **List a parent/guardian beneficiary if applicant is a minor child:** _____

Personal References

- **Please give two references from persons other than relatives.** (References may not be given by a director or employee of Cuivre River Electric Cooperative or Cuivre River Electric Community Trust.)

1. Name: _____ Phone: _____

Address: _____

Occupation: _____ Relationship to Applicant: _____

2. Name: _____ Phone: _____

Address: _____

Occupation: _____ Relationship to Applicant: _____

All fields must be completed and all required documents submitted before your application can be reviewed.

Employment Information

- **Is applicant currently employed?** ❒ Yes ❒ No
- **If not, *PLEASE EXPLAIN WHY*:** _____

_____

- **Is applicant currently disabled?** ❒ Yes ❒ No
- **If disabled, *PLEASE PROVIDE PROOF OF DISABILITY DOCUMENTATION LISTED BELOW*:**
(Certification statements, records or letters from a Federal Government Agency, State Vocational Rehabilitation Agency, Physician/Medical Professional or Counselor that issues disability benefits)
- **Gross MONTHLY earnings** (include all employed members of the household)**:** _____
- **Employment History of Applicant**

Employer #1 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

Employer #2 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

- **Employment History of Others in Household - Name:** _____

Employer #1 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

Employer #2 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

- **Employment History of Others in Household - Name:** _____

Employer #1 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

Other Assistance

- **List social service agencies (American Red Cross, Family Services, NECAC, United Way, etc.) you have contacted for assistance** (include name of contact person)**:** _____

_____

_____

- **Receiving any other form of assistance or aid** (donations, insurance, etc.)**?** ❒ Yes ❒ No
- **If yes, please list:** _____

_____

_____

All fields must be completed and all required documents submitted before your application can be reviewed.

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Monthly Expenses

■ **Housing**:	❒ Mortgage or ❒ Rent payment	$ _____
	Food	$ _____
■ **Utilities**:	Electricity	$ _____
	Gas	$ _____
	Telephone/Internet	$ _____
	Water & Sewer	$ _____
	Other	$ _____
■ **Transportation**:	Automobile Payments	$ _____
	Gasoline	$ _____
■ **Insurance**:	Home Owners/Renters Insurance	$ _____
	Medical	$ _____
	Life	$ _____
	Automobile	$ _____
■ **Medical**:	Doctors	$ _____
	Hospital	$ _____
	Medication	$ _____
■ **Charge Accounts Payments** (specify): _____		$ _____
_____		$ _____
■ **Loan Payments** (specify): _____		$ _____
_____		$ _____
■ **Real Estate Taxes:**		$ _____
■ **Property Taxes:**		$ _____
■ **Other Expenses** (specify): _____		$ _____
■ **TOTAL MONTHLY EXPENSES**		**$** _____

Monthly Income

■ **Income**:	Total Gross Earnings for Household	$ _____
	Bonus, Commission & Tips	$ _____
	Social Security Benefits	$ _____
	Pensions	$ _____
	Farm Income	$ _____
	Welfare (AFDC)	$ _____
	Food Stamps	$ _____
	Alimony	$ _____
	Child Support	$ _____
■ **Other Income** (specify): _____		$ _____
_____		_____
■ **TOTAL MONTHLY INCOME**		**$** _____

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ASSETS

■ **Cash on Hand**:

Bank Name _____ **Checking Balance** $ _____

Bank Name _____ **Checking Balance** $ _____

■ **Real Estate** (list all property that you own, i.e. house, mobile home, acreage):

Property #1 _____ **Amount Owed** _____ **Market Value** $ _____

Property #2 _____ **Amount Owed** _____ **Market Value** $ _____

■ **Other Assets** (Personal Property, Auto, Whole Life Insurance - include description):

#1 _____ **Amount Owed** _____ **Cash Value** $ _____

#2 _____ **Amount Owed** _____ **Cash Value** $ _____

#3 _____ **Amount Owed** _____ **Cash Value** $ _____

■ **TOTAL ASSETS** ..... $ _____

LIABILITIES

■ **Notes Payable & Mortgage** (list home loan, car loans, credit card debt, student loans):

Loan #1 _____ $ _____

Lender Name & Address _____

Loan #2 _____ $ _____

Lender Name & Address _____

Loan #3 _____ $ _____

Lender Name & Address _____

■ **Other Debt** (Taxes, Bills, Miscellaneous - Attach list if necessary):

Debt #1 _____ $ _____

Debt #2 _____ $ _____

Debt #3 _____ $ _____

Debt #4 _____ $ _____

■ **TOTAL LIABILITIES** ..... $ _____

Final check list

❒ **Complete pages 2-5 of this application.**

❒ **Attach bid quotes/estimates.**

❒ **Provide a detailed personal statement.**

❒ **Provide proof of disability**

The information contained in this statement is for the purpose of obtaining funding from the Cuivre River Electric Community Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Cuivre River Electric Community Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Cuivre River Electric Community Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

❒ Check box if you do **NOT** want the information contained in this application to be shared with other agencies that may help meet your needs.

Signature of Applicant _____ **Date** _____

Signature of Spouse/Co-Applicant _____ **Date** _____

All fields must be completed and all required documents submitted before your application can be reviewed.