

MOUNTAIN VIEW ROUND-UP FUND, INC.

11140 E WOODMEN RD

FALCON, CO 80831

ROUND-UP FUND FAMILY APPLICATION INSTRUCTIONS

Please read completely!

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. For additional forms call the Round-Up Coordinator at 719-775-2861 or 719-495-2283 or 1-800-388-9881.

Application forms are also available on the MVEA website: www.mvea.coop

What other information should I include with my form?

Some items **required** for consideration of your request are:

- **Print legibly and in black ink! Illegible applications will be returned.**
- **Include a cover letter outlining your need, the reason you have this need, and how much you need.**
- 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 **copies of three 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 of all the bills** for which you are requesting assistance, and/or any other correspondence regarding your account. **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** 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.
- **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.
- Any additional information you can supply in **the cover letter** is extremely helpful to the board in making decisions regarding these requests.
- If employed or receiving Social Security Benefits, we **must** have copies of most current check stub for each member of the household. If SSI, **the letter** showing your award.
- If disabled please provide all letters of proof, **which includes a letter or statement from your doctor verifying your condition.**
- Please make sure to **sign and date** the application and **type or print legibly in black ink.**

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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. Emergency submissions will only be considered at the discretion of the board.

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 in a twelve-month period.

Limits are set by the board and are subject to periodic review.

\$2,000 Annually for an Individual

\$5,000 Annually for an Organization or Charity

No money will be paid directly to an individual applicant!

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. 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.

Where should completed Forms be sent?

The completed forms should be returned to:

Mountain View Round-Up Fund, Inc.

11140 E. Woodman Road

Falcon, CO 80831

OR: Fax to: (719) 494-2694

OR: E-mail to: memberservices@mvea.org

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

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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 one of Mountain View Electric Association's offices at 719-775-2861, 719-495-2283 or 1-800-388-9881 and ask for the Round-Up Coordinator.

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

Any further appeals and comments **must** be made to the Board in writing. Due to the volunteer nature of our board, we are unable to handle inquiries or comments via telephone or in person. If you wish to contact the board regarding their decision, please send your letter to the Round-Up Coordinator at the following address:

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Falcon, CO 80831

OR: Fax to: (719) 494-2694

OR: E-mail to: memberservices@mvea.org

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

Member _____ Contributes _____

**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: _____

List names and ages of children or other dependents in your home: _____

Have you received assistance from the Round-Up Fund in the past year? If yes, please explain:

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

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Total Amount Requested: \$ _____

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

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.

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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 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	Address	Monthly Payment	Balance
_____	_____	_____	_____
Lender Name	Address	Monthly Payment	Balance
_____	_____	_____	_____
Lender Name	Address	Monthly Payment	Balance
_____	_____	_____	_____
Landlord/Lender Name	Address	Monthly Payment	Balance

Other Debts: _____ \$ _____

_____	_____	_____	_____
Name	Address	Monthly Payment	Balance
_____	_____	_____	_____
Name	Address	Monthly Payment	Balance
_____	_____	_____	_____
Name	Address	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: _____