



# Crawford Electric Charitable Trust Operation Round Up Program

## What is Operation Round Up?

Operation Round Up is a community outreach program funded by Crawford Electric Cooperative members. Participating members contribute an average of \$6 annually by allowing the co-op to “round up” their monthly electric bills to the next highest dollar. Funds are awarded based on an application process to local families or organizations, helping co-op members fulfill emergency needs such as food, shelter, clothing, health care and safety.

## Who is eligible for funding?

Funds are available for **members** who live within Crawford Electric’s service territory, which includes Crawford, Franklin, Gasconade, Washington and Dent counties. Strongest consideration will be given to applicants who maintain steady employment, but have fallen behind on bills due to unforeseen, emergency circumstances (medical emergency, home fire, illness, etc.). Priority will not be given to individuals whose needs are based on failing to budget living expenses. **Funds will not be used to pay electric bills.**

## What is the selection process?

Funds are administered by nine volunteer members of the Crawford Electric Charitable Trust Board who represent the geographic areas of the co-op’s service territory. Applications are reviewed monthly. The decisions made by the Board are based on the amount of funds available and the needs presented. All applicants will be notified of the results after the monthly meeting. Payments are made to the service provider, not to the applicant.

### Application Check List

**Provided all requested information**

Did you fill out the application completely? If you have questions about how to fill in a section, please call Crawford Electric’s Operation Round Up coordinator at 1-800-677-2667.

**Household members**

Did you fill in all household members and their ages (No. 4)?

**Explain your situation**

Did you give a detailed explanation (No. 5) of why you need assistance at this time?

**Identify payee(s)**

Did you attach bids/estimates/bills for work that needs to be done or include names and addresses of businesses or individuals that need to be paid (No. 12)?

**Sign application**

Unsigned applications will not be considered for funding.

**How did you hear about us?**

*Rural Missouri/Your Co-op Connection*

Friend/Neighbor

Social Service Agency \_\_\_\_\_

Other \_\_\_\_\_

## Crawford Electric Charitable Trust

PO Box 10

Bourbon, MO 65441

VOICE: 573-732-4415 or 1-800-677-2667 FAX: 573-732-5409

Attn: Genifer Cape, Operation Round Up Coordinator

NOTE: Provide all information requested. Incomplete applications will automatically be denied assistance.

### Individual Application for Emergency Funding

(Please type or print neatly)

1. Name: \_\_\_\_\_ Age \_\_\_\_\_

2. Crawford Electric Account Number: \_\_\_\_\_

3. Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_  
City or Town State ZIP County

\_\_\_\_\_  
Home Phone Alternate Phone

4. List all household members or dependents (**include ages**):

\_\_\_\_\_  
Name Relationship Age

\_\_\_\_\_  
Name Relationship Age

\_\_\_\_\_  
Name Relationship Age

\_\_\_\_\_  
Name Relationship Age

5. Reason for request (you may attach a separate page explaining your situation): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. List all agencies/organizations from whom you have received assistance in the last six months:

\_\_\_\_\_  
Name Amount Contact Person Phone

\_\_\_\_\_  
Name Amount Contact Person Phone

\_\_\_\_\_  
Name Amount Contact Person Phone

Use the back of the form if needed for additional agencies/organizations. You should include all agencies/organizations from whom you've sought help, even if you have not yet received the assistance.

7. **Employment & Income Information** – for all people listed in Items No. 1 & No. 3. Use back of form or separate sheet if required to supply information on more than two people. Income from all household members must be accounted for.

**PERSON NO. 1** - Name: \_\_\_\_\_

Are you currently employed? YES NO If not, please explain why: \_\_\_\_\_

Most recent place of employment: \_\_\_\_\_

How long have you worked there?: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If disabled, describe your disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sources of Income: (circle all that apply) Wages Tips Social Security SSI Welfare (AFDC)

Pension Alimony Unemployment Child Support Food Stamps Disability Investment Income

Approximate monthly income (from all sources): \_\_\_\_\_

**SPOUSE OR OTHER ADULT HOUSEHOLD MEMBER** – Name: \_\_\_\_\_

Are you currently employed? YES NO If not, please explain why: \_\_\_\_\_

Most recent place of employment: \_\_\_\_\_

How long have you worked there?: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If disabled, describe your disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sources of Income: (circle all that apply) Wages Tips Social Security SSI Welfare (AFDC)

Pension Alimony Unemployment Child Support Food Stamps Disability Investment Income

**Approximate monthly income (from all sources):** \_\_\_\_\_



## 9. ASSETS – What you own

Estimated Value of Your Personal Property

AMOUNTS

<b>Cash</b>	_____		\$ _____
	Banking Institution	Checking Acct. No.	
	_____		\$ _____
	Banking Institution	Savings Acct. No.	
	_____		\$ _____
	Banking Institution	Acct. No.	

**Real Estate** – Include all “physical property,” such as house, mobile home, land

_____		\$ _____
Partial or Wholly Owned	County	Market Value
_____		\$ _____
Partial or Wholly Owned	County	Market Value
_____		\$ _____
Partial or Wholly Owned	County	Market Value

**Personal Property** – vehicles, valuables, loans receivable, cash value of life insurance

_____		\$ _____
Type		Value
_____		\$ _____
Type		Value
_____		\$ _____
Type		Value
_____		\$ _____
Type		Value
_____		\$ _____
Type		Value

**TOTAL VALUE OF ALL ASSETS** \$ \_\_\_\_\_



## 10. LIABILITIES – Debts that you owe

**Notes Payable** – car or student loans, short-term cash loans, credit card debts

OUTSTANDING BALANCE

_____	_____	\$ _____
Lender's Name	Address (street, city, state, zip)	
_____	_____	\$ _____
Lender's Name	Address (street, city, state, zip)	
_____	_____	\$ _____
Lender's Name	Address (street, city, state, zip)	
_____	_____	\$ _____
Lender's Name	Address (street, city, state, zip)	
_____	_____	\$ _____
Lender's Name	Address (street, city, state, zip)	

**Mortgage** – on house or property

_____	_____	\$ _____
Mortgage Holder's Name	Address (street, city, state, zip)	
_____	_____	\$ _____
Mortgage Holder's Name	Address (street, city, state, zip)	

**All Other Debts** – Personal property & real estate taxes, outstanding bills

_____	_____	\$ _____
Type		
_____	_____	\$ _____
Type		
_____	_____	\$ _____
Type		
_____	_____	\$ _____
Type		

**TOTAL LIABILITIES** \$ \_\_\_\_\_

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11. **REQUEST** – Dollar amount of request: \$ \_\_\_\_\_

12. Please list below the name(s), address(es), phone number(s) and specific amount(s) due on the bills to be considered for payment. Attach copies of these billing statements. For any proposed construction or repair jobs, include **two (2) bids** with this application. Please authorize all service providers to release information to Trust Board members inquiring about your bills.

Name	Address	Phone	Amount
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Name	Address	Phone	Amount
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Name	Address	Phone	Amount
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13. Is the recipient related to any of the Trust Board members? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

14. Provide contact information for at least 2 people (non-relatives) who can provide a reference and additional information about your need for assistance. The Trust Board will check references.

Name	Contact Phone(s)	Relationship to Applicant
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Name	Contact Phone(s)	Relationship to Applicant
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Name	Contact Phone(s)	Relationship to Applicant
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The information contained in this statement is for the purpose of obtaining funding from the Crawford Electric Charitable Trust. The undersigned understands that the information provided herein is used in deciding to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the Crawford Electric Charitable Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. **The Crawford Electric Charitable Trust is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.** Applicant will be notified in writing as to the outcome of the request after the monthly Trust Board meeting.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date