



Delta-Montrose Electric Association

Charitable Trust

P.O. Box 910 Montrose, CO 81402

1-877-687-3632 (877-OUR-DMEA)

- The Mission of the Operation Round Up Trust is the accumulation and disbursement of funds for charitable purposes. These funds will only be considered for those applicants **residing within the service area** of Delta-Montrose Electric Association (DMEA). They are donated to individuals and organizations for such things as food, shelter, clothing, health needs, education, the arts, etc.
- Funds are donated by members of DMEA who elect to have their monthly electric bill rounded up to the next whole dollar. Funds are disbursed by the Operation Round Up Board. The board understands its responsibility to the members to be good stewards of the funds they contribute.
- DMEA has no input into the disbursement of funds and no Round Up funds are applied to any DMEA expenses. Their role is only to collect Round Up funds, receive applications and pass them on to the board. They have **NO** input into the decisions of the Round Up board.
- All applications must be **completely** filled out in **English** and **signed** to help the board make informed decisions. Incomplete, illegible, or non-English forms will not be considered.
- Funds may be used to pay electric bills; however, the Trust does not encourage this or any other practice which might be viewed as self-serving. Disbursement of funds to help pay electric bills may only happen once per applicant in any 24 month period.
- The board meets once each month and reviews all submitted applications. Each application is read by each board member, evaluated on its merits, and approved or denied by a majority vote of the board.
- The numbers of requests for funding varies every month. Although the board would like to assist all applicants, resources do not allow funds to be awarded to every applicant. Many times the board is able to fund fewer than half the requests.
- All applicants will be informed by mail of the decision of the board. The employees at DMEA are **prohibited by policy** from informing the applicants of the board's decisions.



**Delta-Montrose Electric Association
Charitable Trust**
P.O. Box 910
Montrose, CO 81401
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**APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY**

1. Name of Organization: _____
2. Address: _____
Street or Post Office Box

City or Town State Zip Code
3. Phone Number: _____
Work Home
4. Contact Person: _____
Name Title
5. Has your organization received money from Operation Round Up before? ____ For this same need? _____
6. Briefly describe your organization:

7. Describe how the requested money would be used. (If this need has received our assistance before, list any changes as well as a general description.)

8. **Amount requested** _____. Is your organization requesting funding exempt from payment of income tax? If yes, a copy of letter (Form 501[c] 3) from Internal Revenue Service must be attached.
9. What is the total cost of this need? _____ Are you receiving money from other individuals or organizations and if so, approximately how much? _____

10. For requesting an amount over \$250.00 a copy of your financial statement(s) for the previous year should be provided. If not, forms are attached.

11. Number of individuals, families, groups served in Delta and Montrose Counties in last year: _____

12. Does agency service outside of Delta-Montrose Electric Association's service territory? (DMEA's service territory is all of Montrose and Delta counties except for the City of Delta.)

Yes _____ No _____

If yes, please provide information about the number served and location.

13. How are agency programs measured for effectiveness?

14. Please list three references: (May not be a director or employee of Delta-Montrose Electric Association or the Delta-Montrose Electric Association Trust)

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

15) If you are accepted, may we use your organization's name for publication? Y N
(Your organization may choose to remain anonymous. It will not affect our decision to help.)

The information contained in this statement is for the purpose of obtaining funding from the Delta-Montrose Electric Association Charitable Trust 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 Delta-Montrose Electric Association Charitable Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Delta-Montrose Electric Association Charitable Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization

Signature of Representative

Date

Attachment to Application For Donation - Organizations

Statement of Financial Condition of _____

As of _____, 20__

ASSETS

AMOUNTS

Cash

		\$ _____
Banking Institution	Acct. No.	
		\$ _____
Banking Institution	Acct. No.	
		\$ _____
Banking Institution	Acct. No.	

Real Estate

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

Securities

		\$ _____
Description	Identification No.	Value
		\$ _____
Description	Identification No.	Value
		\$ _____
Description	Identification No.	Value

Other Receivables (State Type: Personal Property, Loan Receivable, Auto, Life Insurance {Cash Value}, Other Assets. Include description, account #, etc.)

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

TOTAL ASSETS

\$ _____

LIABILITIES

Amounts

Notes Payable

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Mortgage

Mortgagor's Name

\$ _____

Mortgagor's Name

\$ _____

Mortgagor's Name

\$ _____

Other Debt (State type: Taxes, Bills Outstanding, Other)

Type

\$ _____

Type

\$ _____

Type

\$ _____

Type

\$ _____

TOTAL LIABILITIES

\$ _____

NET WORTH (assets less liabilities)

\$ _____