



## **Operation Round Up is here to help.**

### **Before you apply, here's what you need to know!**

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.

Currently, the Round Up Board receives approximately \$4,400 per month from DMEA Round Up participants. Many times, the board is only able to fund less than half the requests. Although the board would like to assist all applicants, the number of applications and limited resources do not allow funds to be awarded to every applicant.

DMEA has no input into the disbursement of funds and no Round Up funds are applied to any DMEA organizational 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 and **signed** to help the board make informed decisions. Incomplete or illegible 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 reviewed by each board member, evaluated on its merits, and approved or denied by a majority vote of the board.

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**  
11925 6300 Rd  
Montrose, CO 81401  
1-877-687-3632 (877-OUR-DMEA)

**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? Yes \_\_\_ No \_\_\_  
For this same need? Yes \_\_\_ No \_\_\_
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** \_\_\_\_\_.  
Organizations EIN (if applicable): \_\_\_\_\_
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 \$500.00 a copy of your financial statement(s) for the previous year should be provided (Statement of Activities, Statement of Financial Position, or other annual summary).
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. 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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date