

OFFICE USE ONLY:

Application # _____

District # _____

Program Participation ___ No ___ Yes



OPERATION ROUND-UP APPLICATION

The Operation Round-Up Foundation supports the community as well as organizations and institutions that enhance the quality of life of the members of Santee Electric Cooperative. The following lists eligible uses of the program that may be awarded at the discretion of SEC Foundation Board:

1. Contributions to charitable organizations excluding religious organizations.
2. Contributions to individuals for appliances, home repairs (excluding roofs, ceilings, underpinnings, and porches) disaster recovery, wheelchair ramps, and critical needs.
3. Contributions to individuals qualifying for the Help My House program and having incomes less than 200% of the federal poverty level.

Please Note: The Operation Round Up board meets on the last Wednesday of each month except for December when they do not have a meeting. All applications must be received in the office by the first Friday of the month to be reviewed at that month's meeting.

Otherwise, they will be held until the next month's meeting.

To be considered for funding, please complete the following application in its entirety. Along with all required documentation listed below, please return to Santee Electric Cooperative to put forth before the Foundation's board members at the next regularly scheduled meeting.

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OPERATION ROUND-UP APPLICATION INDIVIDUAL REQUEST

*****With the exception of burnouts, any applicant must have participated in Operation Roundup for at least the previous twelve (12) months consecutively prior to the date of their application for assistance.**

Members who have been on the SEC system for less than twelve (12) months must have signed up at time of membership for Operation Roundup participation to be considered.***

Eligible Candidates for Funding:

1. Disabled
2. Suffering and unable to work
3. Elderly
4. Poverty Stricken
5. Victim of a disaster

Required Documentation Checklist (please do not send originals as we will not be responsible for lost documents):

- Completed and signed application (see following page)
- Copy of the most recent SEC electric bill
- Copy of the most recent tax return or certification of exemption. If not required to file, copy of annual SSI statement filed by the applicant and/or any other proof of total income.
- Proof of homeownership such as a property tax notice in the applicant's name. If the property is being rented, the landlord must endorse the application in writing (page 4).
- If applicable, a letter from a medical professional certifying disability or inability to work.
- **If the application is related to home repairs or wheelchair ramps, at least two (2) quotes from licensed contractors, itemizing labor and materials, must be attached. All contractors must provide evidence of at least \$1 million in liability insurance and workers compensation insurance.**
- If the home repair request is only for materials (no labor), an itemized materials list must be attached detailing the total requested. The applicant will be responsible for the labor.
- If the application is for a house fire or burnout, the fire department report must be attached.

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Applicant Name: _____

Address: _____

City, State, Zip Code: _____

Mailing Address (if applicable): _____

City, State, Zip Code: _____

Phone Number: _____

Age: _____

Amount Requested: _____

Explanation of Need: _____

If this is a burnout, does the applicant have home and contents insurance? If so, what is the loss amount versus the insurance coverage amount? _____

The undersigned understands that the information contained herein is used to determine eligibility for grant funding; however, no monetary support is guaranteed. The undersigned represents and warrants that the information provided is true, complete, and accurate. Santee Electric Cooperative personnel and Trust Board members are duly authorized to make inquiries, request additional information, and verify the statements contained herein.

Applicant Signature

Date

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LANDLORD STATEMENT
(if the applicant is not the property owner)

Renter Name: _____

Renter address: _____
As shown on tax records

Deposit Paid (if required): _____

Monthly Rental Amount: _____

Unpaid/Outstanding Rent Due: _____

Landlord Printed Name: _____

Landlord Address: _____

Landlord Phone Number: _____

The undersigned represents and warrants that the information provided is true, complete, and accurate. Santee Electric Cooperative personnel and Trust Board members are duly authorized to make inquiries, request additional information, and verify the statements contained herein. Furthermore, landlord authorizes the installation of appliances or a wheelchair on its property as requested by the applicant. Landlord confirms and accepts that neither Santee Electric Cooperative nor the Trust Board have any maintenance responsibility for appliances or ramps after they are placed on landlord's property.

Landlord Signature

Date