

**Glades Electric Charitable Trust, Inc.**  
*Operation Round Up* ®  
c/o Glades Electric Cooperative, Inc.  
P.O. Box 519  
Moore Haven, FL 33471

Glades Electric Member Account No. _____
Date of Application: _____
County: _____
Community: _____

**Name of Applicant:** \_\_\_\_\_

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## Application for Funding Individual or Family

Glades Electric Charitable Trust, Inc. was established in July of 1998, as a community-minded program based on cooperative spirit, to accumulate and disburse funds for charitable or other worthy purposes in the territory of Glades Electric Cooperative, Inc.

The Trust was not envisioned to replace or supplement existing services or organizations, but was developed to help fund individuals or organizations which have “fallen through the cracks” of other organizations, or for those who have no funding available.

Primary beneficiaries of the Trust, those who receive funding, are intended to be needy individuals, families, or organizations located within the four service counties of Glades Electric Cooperative; Glades, Hendry, Highlands, and Okeechobee.

Funds disbursed by Charitable Trust are made possible through the generosity of Glades Electric Cooperative members who contribute to the Operation Round Up Program. Members of the cooperative have the option of “rounding up” their monthly electric bills to the nearest dollar, where the extra funds are placed in the Glades Electric Charitable Trust, Inc.

**Applications must be received before the end of business on the first working day of the month to be considered for funding during that month.**

**Applications received after the 1<sup>st</sup> day of the month will be considered at the following month’s board meeting.**

The Charitable Trust Board of Directors meets the fourth Wednesday of each month. If this application is considered to be of an emergency nature or time sensitive, please attach an explanation of the need.

1. **Name of Applicant:** \_\_\_\_\_

Full Name

2. **Sponsor and/or referring agency, church, or organization.** (Someone that is familiar with your financial situation and your need for assistance)

(\* Applications received without sponsor contact information will be denied.)

\_\_\_\_\_

Name of sponsor

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Sponsor's Signature

3. **What county do you live in and how long have you been a resident there?** \_\_\_\_\_

\_\_\_\_\_

4. **Phone Number:** \_\_\_\_\_

5. **Street Address (Physical):** \_\_\_\_\_

\_\_\_\_\_

City

State

Zip code

6. **Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

City

State

Zip code

7. **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8. **Drivers License Number (and issuing state):** \_\_\_\_\_

**9. Other members of household and income of each: (Proof of income is required.)**

First Name	Last Name	Relationship	Age	Employer	Monthly Income

10. **Your employer:** \_\_\_\_\_

11. **Your employer's address and phone number:** \_\_\_\_\_

\_\_\_\_\_

12. **Date employed:** \_\_\_\_\_

13. **Your monthly take-home pay:** \$ \_\_\_\_\_

14. It is important to realize that Glades Electric Charitable Trust will only consider an applicant for funding AFTER they have tried to receive other assistance or when there is no other sources available from family, friends, insurance, Workers Compensation, vocational rehab, county social services, churches, Florida Department of Children and Families, Veterans Administrations, etc.

**Who have you contacted for assistance and the results (denied, pending, approved)?**

Contact's Name	Organization contacted or contact's relationship w/ applicant	Result

15. Are you or any member of your family receiving any form of assistance from an agency, donation, insurance, friend, or family member? If yes, please list type and amount: \_\_\_\_\_  
\_\_\_\_\_

16. Please explain the reason for requesting this donation. Be specific on how the funds will be used. Provide a detailed breakdown of the costs and expenses.

**Amount Requested \$**

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17. What is your monthly rent or mortgage payment? \_\_\_\_\_  
RENT ( ) or OWN ( )

18. Provide name, mailing address, & phone number of your landlord or mortgage company. \_\_\_\_\_  
\_\_\_\_\_

19. Please provide your account number if asking assistance with the payment of rent of mortgage: \_\_\_\_\_

20. List any other sources of income (alimony, welfare, grants, second job, etc) and amount received monthly : \_\_\_\_\_

21. List assets and their value-house, vehicles, boats, property, checking & savings accounts, stocks & bonds, etc.

Asset:	Value:
_____	_____
_____	_____
_____	_____

22. List all existing debts, liabilities, and expenses due monthly and the amount of the monthly payment

Creditor/Debt	Address	Purpose	Monthly Payment
<b>Credit Cards:</b>			
<b>Other debts &amp; expenses</b>			

23. Total monthly income for individual/family: \_\_\_\_\_

24. Furnish **3** personal references (may NOT be a relative, member of GEC Board of Trustees, GEC employee, or director of Glades Electric Charitable Trust)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Additional Comments by Applicant (If needed to explain situation in further detail, may use separate piece of paper):**

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The information contained in this statement is for the purpose of obtaining funding from the Glades Electric Charitable Trust for the benefit of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding, and individually represents and warrants that the information provided is true and complete and that Glades Electric Charitable Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of change is provided. I understand that these funds will not be used to support any candidate for public office or any political purpose. Glades Electric Charitable Trust, Inc. is authorized to make all inquiries deemed necessary to verify the accuracy of the statement made herein. All information will be kept in the strictest confidence and will be used for the purposed intended. I understand that Glades Electric Charitable Trust, Inc. has the right to verify the use of the donation at any time. I also understand that the Trust and Glades Electric Cooperative may use this application, if approved, for publicity and promotional purposes, but that my name and address will not be used for this purpose unless approved by me prior to the promotion.

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Signature of Applicant

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Signature of Spouse/Co-Applicant

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Date