

# Holy Cross Energy Round-Up Foundation

## Application Instructions

Please read completely!

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### What is the Holy Cross Energy Round-Up Foundation?

The Holy Cross Energy Round-Up Foundation is a non-profit fund, primarily generated by and benefiting customers of Holy Cross Energy. The funds are administered and distributed according to the directions of a volunteer board made up, in part, of Holy Cross consumers.

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### Who is Eligible to Request Assistance?

Family or individual applicants must generally be residents of Eagle, Garfield or Pitkin counties, and must have lived in the area for at least 90 days. Organizations for which applications are submitted must generally operate within the same counties as identified above.

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### How Do I Apply for Assistance?

Anyone with a specific funding need can make application to the Holy Cross Energy Round-Up Foundation Board. There are two different applications – one for families or individuals, and a second for organizations. Forms are available online at [www.holycross.com/round-up](http://www.holycross.com/round-up) or by contacting Lindsey Williams at [lwilliams@holycross.com](mailto:lwilliams@holycross.com) or 970-947-5451.

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### Guidelines for Applications:

In addition to filling out the form completely, here are items to consider when completing the application.

- \* Make a specific request, telling the board exactly how much money you are requesting, and carefully explain how you intend to use the funds. Any additional information you can supply in the form of a letter attached to the formal application is extremely helpful to the board in making decisions regarding these requests.
- \* If the funds are being requested to purchase a new item or for a repair, please include two or three estimates for the item or work. We require that at least one estimate be from a vendor or supplier within Eagle, Garfield and Pitkin counties if at all possible.
- \* List other sources of funding or assistance that are available to you; outline which sources you are pursuing, the amounts requested, and state any amounts already awarded.
- \* Applicants may be asked to come before the Board in person prior to final approval of their request for funding.

The Board reviews each application and tries to fund applications that will produce the greatest impact for the largest number of people. Family or individual applications must demonstrate that the monies received will assist in meeting their current needs as specifically identified in the application. Grants are normally funded to a maximum of \$1,500. Accountability for approved funding may be required.

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### Restrictions:

- \* Individual applications may be considered for funding of ongoing, reoccurring, routine expenses such as those for rent, utility bills (i.e. gas, water, phone, electric, sewer, etc.), medical and dental on a case by case basis.
- \* No application will be considered for funding of organizational operational costs.
- \* Approved funding will generally be expected to be spent in the fiscal year in which it is requested.

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### Where Do I Mail My Completed Application Packet?

Completed Applications should be returned to:

Holy Cross Energy Round-Up Foundation  
3799 Highway 82  
PO Box 2150  
Glenwood Springs, CO 81602

Online application available at: [www.holycross.com/round-up](http://www.holycross.com/round-up)

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### How Quickly Will the Board Respond to My Request?

The Foundation Board will generally meet monthly to review pending applications. **The application deadline is the last day of the month prior to the application being reviewed.** We will contact you either in writing, by telephone or by e-mail when any decision is made regarding your request. We ask that any inquiries be sent in writing. If you need assistance in completing the application, or have any other questions about the application process, please call Lindsey Williams at 970-947-5451.

**HOLY CROSS ENERGY ROUND-UP FOUNDATION**

Please Specify Needs:

**APPLICATION FOR DONATION  
FOR INDIVIDUAL AND/OR FAMILY**

- Family
- Medical
- Other \_\_\_\_\_

**Please complete all information. Incomplete applications will not be considered.**

**Personal Information**

Your Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

List names and ages of children or other dependents in your home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or your family applied to this program before?  Yes  No If yes, when? \_\_\_\_\_

Did you receive money from the program?  Yes  No If yes, how much? \_\_\_\_\_

**Donation Request**

**Any additional information you can supply in the form of a letter attached to this formal application is extremely helpful to the board in making decisions regarding funding requests.**

Amount Requested: \$ \_\_\_\_\_ (you must include a total amount)

Donation to be used for: (show each amount and to whom it will be paid) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain how these funds will benefit the Individual or family.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Donation Request (cont.)**

Are you receiving any other assistance or aid, i.e. food stamps, AFDC, Social Security? [ ] Yes [ ] No

If yes, please specify benefit amounts: \_\_\_\_\_

Personal references and/or contact agency to help determine need: (Include Name, Phone #, & Address)

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

**Applicant and Spouse (if applicable) Present Employment and Financial Information**

Applicant's Employer Name \_\_\_\_\_ Spouse's Employer Name \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Company Address: \_\_\_\_\_ Company Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Total household income from all sources including wages, child support, social security, unemployment, retirement pension, etc.: \$ \_\_\_\_\_

Total household expenses for same period listed above: \$ \_\_\_\_\_

**Miscellaneous Information**

What life circumstances have led you to request assistance? (Check all that apply)

- Job loss or layoff
- Increased family size
- Illness
- Increased medical expenses
- Injury
- Monthly living expenses exceed monthly income
- Increased utility expenses
- Other one-time expense
- Increased family expenses
- Other (Please Explain) \_\_\_\_\_

The information in this Application is for the confidential use of the Holy Cross Energy Round-Up Foundation and is given for the purpose of receiving funding from the Foundation. By signing, I understand that the information provided is true in all respects and is being relied upon in deciding to award any grant to me. In addition, if circumstances change after the date this Application is submitted for consideration, then I have an affirmative duty to contact the Foundation and update any information so that at all times the information is true and correct in all respects. I authorize the Board of the Foundation to make all inquiries it deems necessary to verify the accuracy of the statements made in this Application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date