

Application for High Plains Power Round Up Foundation (For Submission on Behalf of a Cooperative Member)

1775 E. Monroe Ave. Riverton WY, 82501
(307) 856-9426

The High Plains Power Round Up Foundations' mission is dedicated to accumulating and distributing funds for charitable purposes within our service territories of Big Horn, Carbon, Fremont, Johnson, Hot Springs, Natrona, Park, Teton, and Washakie counties. **Funds are awarded to individuals or organizations to support essential needs such as food, shelter, clothing, health, and education.**

Round Up Foundation funding is provided by participating members of the Cooperative. Members' electric bills are rounded up to the next dollar, with the additional cents contributed to the Foundation. For example, a bill of \$44.39 would be rounded up to \$45.00, and the \$0.61 would be donated. The maximum annual contribution per meter is \$11.88, with an average of \$6.00 per meter, per year.

The Round Up Foundation is managed by the High Plains Power Board of Directors, who meet on the fourth Friday of each month to review applications and determine fund distributions. **Employees of High Plains Power and/or other High Plains Power members may submit an application on behalf of a member in need.**

When submitting an application on behalf of a High Plains Power member, provide clear, factual information about the request and attach supporting documentation if available and as appropriate. Responses to applications are mailed within two business days following the board meeting. Please note that High Plains Power employees cannot provide information regarding application status, and responses cannot be picked up at the office. **Incomplete applications or those lacking pertinent information about the need may not be considered. The most current version of the application must be used. Please call the Riverton office with questions about obtaining the current application, at 307-856-9426.**

Respectfully,
High Plains Power Board of Directors

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Instructions:

1. This application may be completed by a Cooperative member or High Plains Power employee on behalf of another High Plains Power member in need.
2. Please provide clear, factual information about the request and attach supporting documentation if available and as appropriate.
3. Do not include personal health information or other sensitive information.
4. Incomplete applications or those lacking pertinent information about the need may not be considered.

APPLICANT INFORMATION:

Name of Employee or Member Submitting Application: _____

Name of Cooperative Member Needing Assistance: _____

Member Number (if known): _____

Contact Phone Number (if known): _____

Physical Address: _____

Mailing Address (if different): _____

REQUEST DETAILS:

Amount Requested: _____

Purpose of Request: Briefly describe the circumstance and need for assistance. Attach supporting documentation if available and as appropriate. Do not include personal health details.

Detailed Use of Funds: Provide a breakdown of how funds will be used. Examples: travel, lodging, supplies, repairs, etc.

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Is the member currently receiving other assistance for this request?

Yes No

If yes, please specify type of assistance (e.g., donations, insurance, government aid, etc.)

CERTIFICATION:

By submitting this application, I certify that the information provided is accurate to the best of my knowledge and that I am acting on behalf of a High Plains Power member in need.

Signature of Applicant (Member or Employee): _____

Date: _____

***Incomplete applications or those lacking pertinent information about the need may not be considered.**