

Operation Pocket Change

P.O. Box 180
Mountain City, TN 37683

Date Reviewed _____
Approved _____ Denied _____
Amount Approved _____
OFFICE USE ONLY

**APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY**

Please fill out completely and return to the nearest MEC office by no later than noon, the 2nd Tuesday of the month in order to be included in that month's meeting.

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. Is organization requesting funding exempt from payment of income tax:
Yes ___ No ___ If yes, a copy of IRS letter certifying Form 501(c)3 must be attached.

6. A copy of financial statement(s) for most previous year should be provided.

a. Statement attached: _____

7. Number of individuals, families or groups served by the organization/agency located in MEC's service area in the last 12 months:

Number served: _____ County(s) served: _____

Individuals ; families ; other ; if other, explain _____

8. Does organization/agency serve outside Johnson, Carter, Unicoi, Avery, Burke, McDowell or Mitchell Counties served by MEC:

Yes ___ No ___

If yes, please provide information on number served and location.

9. State Purpose of Organization/Agency Request: (Include amount requested and specifics of how funds will be used. For example a proposed budget or bids from vendors or suppliers.)

10.	Estimated Total needed for project	\$ _____
	Totals from other funding sources – list sources	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	Total requested from OPC (\$10,000 Maximum)	\$ _____

11. How are agency’s programs measured for effectiveness (i.e. records kept on number of families served, monetary benefits to families or community, lives changed, etc.)?

12. Please list three references from outside your organization that have knowledge of your programs and this request.

Name	Phone		
Address	City	State	Zip Code
Name	Phone		
Address	City	State	Zip Code
Name	Phone		
Address	City	State	Zip Code

Please provide supporting documentation to support your request including: quotes on work/equipment to be performed, purchased and/or installed, receipts of incurred expenses, supporting financial Statements, detailed budgets describing use of funds, etc.

The information contained in this statement is for the purpose of obtaining funding from OPC 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 the OPC Board of Directors may consider this statement as continuing to be true and correct until a written notice of change is provided. The OPC Board of Directors is authorized to make all inquires they deem necessary to verify the accuracy of the statements made herein.

Name of Organization/Agency

Signature of Representative

Date

Print Name of Representative

Title of Representative

A. OPC By-Law Limitations

No money shall be used:

- (a) to support any candidate for political office or any political office or any political purpose;
- (b) to pay energy bills or charges;
- (c) to finance any operation of MEC;
- (d) to support the operation of any organization employing full-time paid fundraising staff;
- (e) to support the administrative costs of the TRUST (OPC) program;
- (f) to support an organization's regular operating expenses or normal fund raising income;
- (g) to pay an instructor's wages;
- (h) to support school programs that are normally (or in the opinion of the OPC board should be) supported by school budgets;
- (i) to support school programs occurring during normal school hours and/or on school property;
- (j) to support school building/facility construction;
- (k) to support school related youth trips (travel, field trips, tournaments, parades, seminars, competitions, etc.) except for disadvantaged youth;
- (l) to support individual school group/team expenses (uniforms, team/individual's equipment, etc.);
- (m) to support reoccurring sport/league expenses, individual team assistance and team travel (for tournaments, field trips, etc.);
- (n) to support home repair not related to natural disaster or medical handicap;
- (o) to pay for individual's dental care/treatment;
- (p) to support individual in job-layoff hardship situation;
- (q) to support individual's non-medical travel (field trips, competitions, seminars, etc.);
- (r) to support individual when the assistance only delays a long term inevitability; and
- (s) to pay for funeral expenses.

Note that twenty-five percent (25%) of OPC contributions are designated for college scholarships.

B. OPC Guidelines on Applying for Hearing Aid Assistance

For an application to be considered for assistance, the applicant will need to undergo a hearing examination by a certified audiologist or an Ear, Nose and Throat (ENT) Physician. Examination by a "Certified Hearing Instrument Specialist" or their equivalent is not acceptable. *This insures that the individual has a serious medical condition, and that a thorough examination has been conducted to determine the cause of the hearing problem and the actual need for hearing aids.*

The application must include:

- a. A written statement from applicant's physician or audiologist stating diagnosis, the severity of hearing problem and how hearing aids will help alleviate it. The statement must have the physician or audiologist's name, degree and contact information.
- b. A prescription by applicant's audiologist or ENT Physician documenting which hearing aids applicant needs.
- c. A quote(s) for the cost of the hearing aids prescribed.

Awards will be based on applicant's need and impact to applicant's quality of life. The OPC board will periodically set maximum award amounts and may require additional supporting information from the applicant.