

**MID AMERICA ASSISTANCE COALITION**

*Application for Utility Assistance Fund Distribution*  
**2009**

In order to be considered as a distribution center for utility assistance funds during 2009, the following information must be provided to Mid America Assistance Coalition by August 31, 2008.

Name of Agency: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***The agency's constituents are customers of:***

\_\_\_\_\_ Kansas City Power & Light (Including former Aquila customers)

\_\_\_\_\_ Missouri Gas Energy

\_\_\_\_\_ Board of Public Utilities

\_\_\_\_\_ Kansas Gas Service

\_\_\_\_\_ Other utility company (Specify) \_\_\_\_\_

***Services are provided to constituents in:***

\_\_\_\_\_ Jackson Co. (MO)      \_\_\_\_\_ Eastern Jackson Co.(MO)      \_\_\_\_\_ Platte (MO)

\_\_\_\_\_ Clay (MO)      \_\_\_\_\_ Wyandotte (KS)      \_\_\_\_\_ Johnson (KS)

\_\_\_\_\_ Other (Specify)

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*Indicate the total amount of actual utility assistance funds distributed during calendar year 2007 (the most recent completed year). If possible, run reports from MAACLink to provide actual assistance amounts. If MAACLink was not used for some funds, estimate the actual funds used. Then enter the total amount of funds expected to be available to the agency during 2009. Include the funds requested from Mid America Assistance Coalition. Please note that MAAC may not allocate all of the funds requested, however, it is important to know the capacity of the agency to distribute funds, based on agency goals and staffing. Multi-site agencies should indicate how funds will be distributed among sites (use an attachment if necessary).*

<u>SOURCE OF FUNDS</u>	<u>\$ AMOUNT OF UTILITY ASSISTANCE FUNDS - 2007</u>	<u>\$ AMOUNT OF UTILITY ASSIST FUNDS REQUESTED - 2009</u>
<i>MAAC Funds: (Show which fund if known, otherwise indicate amount requested from MAAC on total line only)</i>		
Dollar Aide	_____	_____
Dollar Aide Credits	_____	_____
Jackson Co Energy Assist	_____	_____
Neighbors Helping Neighbors	_____	_____
Neighbors Helping Neigh Credits	_____	_____
MGE Extra Help	_____	_____
Warmth & Light	_____	_____
Total MAAC Funds	_____	_____
<i>Other Funds:</i>		
FEMA	_____	_____
Other Federal Funds	_____	_____
State, County, or Local Govt.	_____	_____
Utility Companies	_____	_____
Private Donations to Agency	_____	_____
Other Sources (Specify)	_____	_____
_____	_____	_____
_____	_____	_____
 Total Funds Available	_____	_____

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***Agencies making applications for the first time must submit the following documentation with the application. Agencies applying for a renewal of funding should submit documentation for changes in any of the line items. Otherwise, it will be assumed that nothing has changed from the agency's previous application.***

- A. IRS 501 (c)(3) letter verifying tax exempt status
- B. List of Board of Directors
- C. List of Staff and Position Titles/Descriptions
- D. Copy of Agency Budget
- E. Copy of most recent Annual Report
- F. Map/Description of geographic area served by agency
- G. List of Services Provided
- H. Days/Hours of operations for all sites providing services

***Submit narrative describing the agency's operations and philosophy as follows (for agencies requesting funds for the first time or changes in agency patterns from previous years):***

1. Procedures for providing utility assistance. Describe the process from the first contact with a client to the eventual provision/denial of assistance.
2. Client eligibility criteria, including any minimum standards that are required of someone seeking assistance. Describe agency philosophy regarding client participation in paying utility bills that are delinquent, including any percentage or dollar matching amount required.  
*For MAAC-managed funds, the agencies eligibility criteria must match the guidelines published by MAAC, and made available to agencies annually at the training conference.*
3. Targeted geographic area and/or population. Describe any particular emphasis that drives the agency mission. When and under what conditions does the agency serve needs outside of its normal geographic area of service?
4. Referral patterns. How, when, and to whom are referrals made to other agencies when the agency is out of funds or otherwise unable to help? Please identify other agencies that clients are frequently referred to.
5. How, when, and from what agencies are referrals accepted? Please identify specific agencies from which referrals are accepted.
6. Case management capability and philosophy. Describe any agency programs for guiding clients toward self-sufficiency.
7. Describe any specific goals, programs, plans, or philosophy that drives the agency's mission of providing utility assistance and other forms of emergency assistance.