

2024 MASONIC GRANT APPLICATION INSTRUCTIONS & ELIGIBILITY REQUIREMENTS

READ ALL instructions BEFORE filling out application or applying.

Incomplete applications or applications with missing documentation will not be accepted.

This funding is provided by the **Masonic Charities Foundation Grant** and distributed by ASCOG Area Agency on Aging. ASCOG serves all individuals who are eligible for its programs without regard to race, national origin, ancestry, color, religion, sex, age, or disability. Only one application per household may be submitted. Applications are processed on a first come first served basis and prioritized by need as detailed herein.

Age & Residency: Applicants must be age **55** or older at the time of application and live in the 8 county ASCOG Planning and Service Area (PSA) which includes: Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens, and Tillman counties.

Eligible Needs: Masonic Grant funds are designated for basic NEEDS. Applicants must be able to demonstrate their requests are based on need by answering each question on the application and filling out the Narrative Section on Page Two. This grant is not intended to pay for items or services that applicants can afford to pay for themselves, based on their income and expense ratio, or other funds available to them, which include savings, pension, or other sources of income.

Previous Award Restriction: The Masonic Grant is intended to provide assistance on a **one-time basis**, however, if funds are available, applicants may reapply a second time if they have not received assistance in the previous three (3) years (lifetime cap of two awards per household). If an applicant has applied and received assistance from the Masonic Grant in 2021, or later, they are NOT eligible to apply for a 2024 Masonic Grant. However, anyone who received a Masonic Grant in 2020 or earlier may re-apply in 2024. Please note that funds will be prioritized for first time applicants.

Approval Process and Required Documentation (Application and Quote):

1. The application must be completed correctly with all requested information prior to approval.
2. A quote/bid from an Approved Vendor on the Approved Vendor list must accompany the application. (If the applicant would like to use a vendor not on the Approved Vendor List, the applicant must have their vendor submit the required documents, as noted below, **and** be approved prior to acceptance of their application.)
3. Other documentation, as requested.

The applicant will be notified in writing if the application is approved or denied; notice will be sent to the address given on the application. If approved, a voucher/notification letter will be sent to the Approved Vendor at the address listed on the Vendor's Quote, with instructions and the deadline for services to be completed and invoice returned to ASCOG.

Email application and quote to: Hale_Ci@ascog.org and cc Nort_Li@ascog.org (Email Preferred)

OR hand deliver or mail application and quote to:

ASCOG AAA Director
Attn: Masonic Grant
802 W. Main Street,
P.O. Box 1647
Duncan, OK 73534-1647

Faxed documents will not be accepted.

Approved Vendor Requirements: ASCOG provides an Approved Vendor List on the ASCOG.org website. These vendors have no contractual relationship with ASCOG and are not ASCOG employees. You may choose to use a vendor on this list, or you may use another vendor, if the vendor is approved to be put on the list. For a vendor to be put on the Approved Vendor list, they must provide the following:

(1) W-9 form, and (2) Worker's Compensation Proof or Proof of Exemption.

Approved Forms: These forms must be submitted, and the Vendor must be approved by ASCOG before an application and vendor quote can be approved. If the vendor refuses to provide a W-9 form **and** proof of worker's compensation for their employees (OR Proof of Exemption from Worker's Comp) the applicant will be notified and instructed to find another vendor. **The selection of a vendor is the applicant's responsibility.** Any satisfaction disputes regarding services rendered or products purchased are between the applicant and the provider/vendor. ASCOG assumes no interest or liability. ASCOG's sole role is to determine eligibility and manage grant funds.

Eligible Projects: Each category of projects has a maximum award. In many cases, the award may not be enough to cover the entire cost of the item/service requested. In such instances, the applicant is responsible for the balance and must make arrangements for paying the balance in the manner prescribed by the vendor before being awarded Masonic Grant funds. Quotes must state that the applicant is responsible for paying any additional or remaining amount due that exceeds the grant award.

Note: Masonic Grant funds are for BASIC NEEDS, therefore, an applicant may not upgrade to a higher priced item where a lower priced item is available, unless the applicant can demonstrate need and receives written permission from the ASCOG AAA Director. Funds are limited and quotes will be scrutinized to ensure they reflect the intent of the program. If applicants are found to violate any of these instructions, they may lose their eligibility to participate in the program.

Eligible Items (Prices must include delivery, installation, haul away of appliances, etc. as applicable.)

Hearing Aids: Maximum grant is \$1500.

Dental work including Dentures: Maximum grant is \$1500 (other programs may be available, please call for more information).

Durable Medical Equipment: Maximum grant is \$1000. This category includes the following items unless Medicare or Private Insurance has already provided the same kind of equipment to the applicant:

- Lift Chair, Motorized Scooter, or Wheelchair
- Diabetic Mattress or Hospital Bed
- Shower Chairs, etc. (Call if you have questions **before** you apply.)

ADA Porch Ramp: Maximum is \$1500. Wheelchair accessible ramps must be constructed to meet ADA standards. You must own your own home or have a signed waiver from the landlord before ramp applications will be approved. Contractors must produce proof of workers' comp insurance and proper licenses.

Limited Home Repairs: Maximum is \$1200. Applicants must own their homes. Rent-to-own homes are not eligible. You must provide an estimate from a contractor and legal proof of ownership of your home. Contractors must produce proof of workers' comp insurance and proper licenses.

Air Conditioner/Heater/Hot Water Tank: Maximum is \$600. Only portable heaters and window-mounted AC units will be considered. Ownership of home is required for consideration of a hot water tank. Vendor estimates must include delivery, installation, and hauling away costs to remove old appliances.

Kitchen or Laundry Appliance: Maximum is \$800. Applicants for appliances must ensure sufficient space is available for the appliance without requiring alterations to existing structures (cabinets, walls, doors, switches, utility outlets, drains, etc.). Only new appliances are eligible for purchase. Vendor estimates must include the appliance, delivery, installation, and hauling away costs to remove appliances to be replaced. Eligible appliances are:

- Refrigerator
- Stove/Oven
- Washer or Dryer

Utility Assistance: Maximum is \$300. Cable, satellite services, telephone, subscriptions, etc. are not eligible. Utility bill must be in (living) applicant or spouse's name with written statement of shared residency. Applicant must provide cut off notice or other proof of potential loss of utility due to the inability to pay. Eligible utilities include:

- Electricity , Natural Gas, or Propane
- Water

Eyeglasses and/or eye exam: Maximum is \$250. (Other programs may be available, please call for more information.)

Spousal Benefit: Maximum is \$500. Obituary and proof that there is no life insurance must be submitted with the application. This is currently offered at 2 per county.

2024 MASONIC GRANT APPLICATION

The following contains specific instructions on how to complete the 2024 Masonic Grant application.

NAME: Print full name as it appears on legal documents, such as a driver's license, etc.

TELEPHONE: Phone number where the applicant or alternate can be reached, area codes must be included.

ADDRESS: The applicant's actual, complete, physical address must be listed as well as PO box numbers. The physical address will be required for any deliveries.

DATE OF BIRTH/AGE: The applicant must be at least 55 years old at the time of the application.

HOUSEHOLD INCOME: Each section must be completed to ensure eligibility requirements are met.

HOUSEHOLD EXPENSES: Each section must be completed. If no payment is required, please put zero.

IDENTIFY AND VERIFY ALTERNATE CONTACT AND TELEPHONE NUMBER: Please be sure to let your alternate contact person know they are being listed so they will know they may be contacted.

ASSISTANCE REQUESTED: Applicants may apply for ONE type of assistance, please choose what would best meet your needs.

NARRATIVE SECTION: Please describe the type of assistance you are requesting (i.e. dental work, hearing aids, handicap ramp, kitchen appliance, etc.) and briefly explain **WHY** you need the assistance.

SIGNATURE AND DATE: Read all instructions. Read the paragraph above the signature line before signing the application. Your signature attests that all information in the application is true and accurate under penalty of perjury for false statements.