

2023 MASONIC GRANT ELIGIBILITY REQUIREMENTS

READ ALL documentation BEFORE filling out this application. All applications must be completed correctly and include the required documentation listed below to be eligible for funding. Incomplete applications and/or applications without proper documentation will be rejected.

Funding: Funds are provided by the Masonic Charities Foundation Grant and distributed through ASCOG AAA for direct services to the elderly. It is the policy of ASCOG to serve all individuals who are eligible for its programs without regard to race, national origin, ancestry, color, religion, sex, age, or disability.

Age Restrictions: Applicants must be **55 years old or older** at the time of application.

Residence Requirements: The applicant must reside in ASCOG's eight-county service area which includes: Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens, and Tillman counties. Only one application per household may be submitted.

Need Requirements: Masonic Grant funds are allocated based on need. Applicants must be able to demonstrate that their request is based on NEED. This grant is not intended to fund projects that the applicant can or should be able to afford based on their income/expense ratio, cash on hand/savings in the bank, stocks, bonds, etc. Grants are intended to fund projects for basic needs of applicants who could not otherwise afford to pay for the item/service they are requesting.

Previous Recipient Restrictions: Masonic Grant funds are primarily intended for one-time use, however, previous applicants may apply under the following conditions and with the understanding that new applicants will be given priority. Any applicant who received a Masonic Grant in 2021 or 2022 is ineligible to apply for a 2023 Masonic Grant. Applicants who received a Masonic Grant in 2020 or earlier may re-apply again in 2023 with the understanding that preference will be given to new applicants.

Fairness and Accessibility: Complete applications submitted with the proper documentation will be processed on a first-come-first-served basis while complying with these fairness and accessibility rules.

Information Available: ASCOG will make the Masonic Grant Application available online at www.ascog.org and at community focal points and senior nutrition centers within the provider service area (counties listed above). All citizens will be granted equal access to the application.

APPROVAL PROCESS

Applications will be reviewed upon receipt to ensure eligibility requirements are met.

Once approved or denied, the applicant will be notified in writing with notice sent to the address listed on the application. **If approved**, a voucher will be issued to the vendor from whom the applicant received an eligible quote.

Please do not call the ASCOG office regarding your application's status for a minimum of 30 days after submitting your application. We are processing applications, and this process can be lengthy. We will send applicants a notification when the process has been completed.

SUBMITTAL OF APPLICATIONS, ESTIMATES, W-9 FORMS, WORKER'S COMPENSATION DOCUMENTATION, AND REQUESTS FOR PAYMENT

Masonic Grant applications with accompanying documentation may be submitted as follows:

Preferred: Email: hale_ci@ascog.org or nort_li@ascog.org with **Masonic Grant** in the subject line. This is the quickest and most reliable method for documenting when an application has been received. If you do not have access to email, many community organizations such as senior centers, city halls, libraries, and churches offer computer and/or email access or may email the completed forms for you.

Applicants may also mail their documents to:

ASCOG
Cindy Hale/Masonic Grant
P.O. Box 1647
Duncan, OK 73534-1647

Applications may be hand-delivered to ASCOG at 802 W. Main, Duncan, Ok. Please call the ASCOG office to verify office hours/status per any Covid restrictions. **Faxed** documents of any kind will **NOT** be accepted.

For additional questions regarding the Masonic Grant Assistance Program for Seniors, contact:

Cindy Hale or Lisa Norton
Email: Hale_Ci@ascog.org
Email: Nort_Li@ascog.org
Phone: 580-736-7036
Toll-free: (800) 658-1466 ext. 261

REQUIRED DOCUMENTS

Applicants must submit:

1. Masonic Grant Application completed correctly.
2. Vendor Estimate from an approved Vendor performing the work or providing the item for sale.

Note: ASCOG has no preference regarding who an applicant uses for a vendor but **vendors must be on the ASCOG Approved Vendor List**. If a vendor is not on the Approved Vendor list, they may apply by providing ASCOG with the following: (1) W-9 form **and** (2) Proof of Worker's Compensation for its employees. These forms must be submitted with your Masonic Grant application. If your vendor is not on the Approved Vendor List or you do not submit these documents with your application, it will NOT be processed. Service providers can contact Lisa Norton at 580-736-7036 for more information.

VENDORS/PROVIDERS MUST HAVE A W-9 FORM AND PROOF OF WORKER'S COMPENSATION FOR THEIR EMPLOYEES ON FILE AT ASCOG TO BE PLACED ON THE APPROVED VENDOR LIST.

Selection of a vendor is the applicant's responsibility. Any satisfaction disputes regarding services or products purchased are between the applicant and the provider/vendor. ASCOG assumes no interest or liability. ASCOG's role is to solely determine eligibility and manage the grant funds.

ELIGIBLE PROJECTS

Each category of projects has a maximum award. In some 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 a Masonic Grant.

Applicants are eligible to request funding for the minimum cost to meet the NEED. For example, there is a range of prices for most appliances; funds must be requested to meet the minimum need/purchase price for such item/service.

Please note that the higher the estimate, the more the estimate will be scrutinized. If the vendor's quote is higher than the allowable grant funding for that service/item, the applicant may pay the difference or find another vendor with a less costly estimate. An applicant may not upgrade to a higher priced item where a lower priced item is available, e.g. upgrade to one with more features or that is larger, etc. unless based on demonstrated need with specific written permission provided by ASCOG.

Written permission will be required to purchase any item beyond a normal or customary price. This program is not for wants but funds may be granted if the applicant can adequately describe why they NEED a different item than what is available at a lower price. Any applicant or vendor determined to violate these instructions may lose their eligibility to participate in the program for the rest of 2023 through 2026.

The following information is provided to assist applicants in identifying what is available.

Hearing Aids: Maximum grant is \$1000.

Dental work including Dentures: Maximum grant is \$1000 (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 is able to provide the same or equivalent equipment to the applicant:

- Lift chair
- Wheelchair
- Motorized scooter
- Diabetic mattress or Hospital bed
- Shower chairs, etc. (call if you have questions **before** you submit an application)

ADA Porch Ramp: Maximum is \$1000. 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 \$1000. 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 be on the approved vendor list and produce proof of workers' comp insurance and proper licenses.

Air conditioner/Heater/Hot Water Tank: Maximum is \$500. If you rent, only portable heaters and window-mounted AC units will be considered. If you own your own home, central units may be considered. Vendor estimates must include delivery, installation, and hauling away costs to remove appliances to be replaced.

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 costs to remove appliances to be replaced. An appliance includes items such as (note, some restrictions apply):

- Refrigerator
- Stove
- Oven
- Freezer
- Washer
- Dryer

Emergency Medications: Maximum is \$300. Limited to a 30-day supply for prescription medications not covered by any other source. Applicants must provide a copy of a doctor's prescription with the application.

Utility Assistance: Maximum is \$250. Phone bills (except basic services), cable or satellite services, subscriptions, etc. are not eligible. **Must provide cut off notice.** Utilities include:

- Electricity
- Telephone (Landline or Cell) for basic services only. Basic services are defined as the minimum required to make emergency calls or basic phone calls. Long-distance calls to medical providers are also considered to be a basic service but must be specifically documented on the invoice.
- Natural Gas
- Propane
- Water
- Trash Services

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

Food Assistance: Maximum is \$180 and will apply to home-delivered meals only. Only emergency situations and extreme conditions will be considered. Applicants must show proof they have previously contacted local food banks before applying to the Masonic Grant. Eligibility for Home delivered meals is as follows: Ages 55-59, there is a 30-day limit and assistance will be no more than \$6 per meal. Ages 60+ on a waiting list, there is a 30-day limit and assistance will be no more than \$6 per meal. Approval letters will show an expiration deadline for all services to be completed or items to be purchased. Invoices must be received by that deadline by the appropriate ASCOG AAA staff member/s named above. All final work must be completed, and all invoices received by ASCOG no later than November 30th, 2023, to complete year end reports.

Spousal Benefit: Maximum is \$500. Obituary and proof that there is no life insurance must be submitted with the application. We are offering this at 2 per county.

2023 MASONIC GRANT APPLICATION ASSISTANCE GUIDE

The following contains specific instructions on how to complete the 2023 Masonic Grant application.

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

TELEPHONE: Phone number WITH AREA CODE where the applicant or alternate can be reached.

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: The applicant must be at least **55 years** old at the time of the application. This information verifies eligibility.

AGE: Easily double-verified age requirement is met.

HOUSEHOLD INCOME: Each section must be completed to ensure the applicant needs assistance with basic needs; each question must be answered.

HOUSEHOLD EXPENSES: Each section must be completed. (*For example, if you are paying rent or a house payment, the amount must be listed. If you are not paying rent or making a house payment or you don't own a car, you should enter a zero for these sections.*) *Expenses cannot exceed your income so take time to ensure accuracy.*

IDENTIFY ALTERNATE CONTACT AND INCLUDE THEIR TELEPHONE NUMBER WITH AREA CODE: Please ensure your alternate contact person knows they are listed so they know they may be contacted.

ASSISTANCE REQUESTED: Read through these instructions to help identify what assistance you need the most. You can only apply for **ONE** type of assistance. You must describe what type of assistance you are requesting (i.e. dental work, hearing aids, glasses, ramp, kitchen appliance, etc.) You must also briefly tell why you need the assistance. Just because you want something does not necessarily qualify it as a need. Remember, the purpose of this grant is to help those who are in NEED. For instance, if you are requesting anew refrigerator because your current one is getting old or doesn't match your other appliances, this request will not qualify as a need. If the appliance is no longer working, and it is not feasible to pay to repair it, the request would qualify as a need.

SIGNATURE AND DATE: Read the paragraph above the signature line before signing this document. Your signature attests that all the information you put down on the application is true and accurate under penalty of perjury for false statements.

IMPORTANT: You **must** attach an estimate from an **approved vendor** to your application or your application will **NOT** be processed. If your vendor is not on the Approved Vendor List, and they would like to apply, you must attach a copy of their W-9, and their Proof of Worker's Comp Insurance to the application with a request for approval. Note: The Approved Vendor List is on the ASCOG.ORG website.

NOTE: Do **not** submit the above instructions or preprinted portion of this application, please only submit the following: 1.) the **completed application page**, and 2.) the **vendor's estimate**. If you need further explanation regarding this information, you may call Lisa Norton at 580-736-7036 at nort Li@ascog.org.

2023 MASONIC GRANT ASSISTANCE PROGRAM FOR SENIORS - ASCOG Area Agency on Aging

2023 Applications will be accepted from January 1, 2023, through November 30th, 2023, **OR** until funds are exhausted, subject to the conditions identified in the above instructions. Applicants must be age 55 or above and demonstrate a need for assistance. **READ THE INSTRUCTIONS!** Incomplete applications and or those without an Estimate from an approved vendor will not be processed.

Name (print legibly): _____	Telephone: (____) _____ - _____
Address:	
Street	City
Zip	County
Date of Birth: ____/____/____ Age: _____ (55+)	Race (optional): _____
Total Average Monthly Household Income:	Total Average Monthly Household Expenses:
Social Security: \$ _____	Rent or Mortgage (circle one): \$ _____
Pension: \$ _____	Home Insurance: \$ _____
Other (Identify): \$ _____	Electric: \$ _____
_____	Natural Gas: \$ _____
_____	Water: \$ _____
_____	Garbage/Sewer: \$ _____
How many people live in your residence? _____	Vehicle Payment: \$ _____
Have you or a family member ever been a member of the Masons or Eastern Star? _____	Vehicle Insurance: \$ _____
If so, who? _____	Est. Vehicle Fuel: \$ _____
Is anyone in your household a veteran? _____	Phone: \$ _____
If so, who? _____	Cable/Internet: \$ _____
Do you have ADvantage through the state of Oklahoma (NOT Medicare)? _____	Est. Groceries: \$ _____
_____	Medications: \$ _____
_____	Medical Bills: \$ _____
_____	Other (Identify): \$ _____
_____	_____
Identify Alternate Contact Name: _____	
Relationship: _____	Phone Number: _____

COMPLETE BOTH PAGES OF THE APPLICATION - see next page for signature

Assistance Requested

This section must include the type of assistance being requested and why it is needed.

I authorize ASCOG to release information concerning this application and assistance received to appropriate agencies, as well as to the Masonic Charity Foundation of Oklahoma for recordkeeping purposes. I recognize that this program is based on need, and I certify and attest that all the information above is true and accurate under penalty of perjury for false statements.

Signature

Date

Please submit completed Applications with an Estimate from an Approved Vendor to:

Cindy Hale [hale ci@ascog.org](mailto:hale_ci@ascog.org) or Lisa Norton Nort Li@ascog.org

For more information, call 580-736-7036 or Toll Free: 800-658-1466

The approved vendor list is available on the ASCOG Website at: www.ascog.org

Address: ASCOG, 802 W. Main, PO Box 1647, Duncan, OK 73534