**2025 MASONIC GRANT APPLICATION**

 **INSTRUCTIONS & ELIGIBILITY REQUIREMENTS**

READ ALL instructions BEFORE filling out the 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:** Applicantsmust 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.  **Only one application per household may be submitted.**

**Eligible Needs**: Masonic Grant funds are designated for basic NEEDS.

**Previous Award Restriction:** The Masonic Grant is intended to help on a **one-time basis**. 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 2022 or 2023 is ineligible to apply for a 2025 Masonic Grant. Applicants who received a Masonic Grant in 2021 or earlier may re-apply again in 2025 with the understanding that preference will be given to new applicants.

**Approval Process and Required Documentation (Application and Quote):**

1. The applicant 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.
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.

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.

**Email application and quote to:** Nort\_Li@ascog.org, or nort\_ta@ascog.org, 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. **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. 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.**

A 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.

**Eligible Projects:** Each category of projects have 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.

**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.

**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.

**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.

**Air Conditioner/Heater/Hot Water Tank**: Maximum is $600. Only portable heaters and window-mounted AC units will be considered. Ownership of a home is required for consideration of a hot water tank.

**Kitchen or Laundry Appliance**: Maximum is $800. Only new appliances are eligible for purchase. 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 must be submitted with the application. This is currently offered at 2 per county.

#  MASONIC GRANT APPLICATION

*The following contains specific instructions on how to complete the 2024 Masonic Grant application.* Each section must be completed.

**NARRATIVE SECTION:** Please describe the type of assistance you are requesting, 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.

**2025 MASONIC GRANT ASSISTANCE PROGRAM FOR SENIORS AGED 55 AND ABOVE**

ASCOG Area Agency on Aging 802 W. Main, PO Box 1647, Duncan, OK 73544

Application and Approved Vendor List available at: [www.ascog.org](http://www.ascog.org/)  Information Line: 580-736-7036 2025 Masonic Grant Assistance will be available until funds are exhausted for the year.

 I have read (or have had read to me) all instructions attached to this Application.

 I have previously been approved for Masonic Grant Assistance. If yes, what year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **INCOMPLETE APPLICATIONS (OR APPLICATIONS WITH NO ESTIMATE) WILL NOT BE PROCESSED!**  |
| Name (print legibly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Telephone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_  |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street City Zip County  |
| Date of Birth: \_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Race (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |  |
| --- | --- |
| Total Average Monthly Household Income:  Social Security: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (identify source): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   | Total Average Monthly Household Expenses: Rent or Mortgage (circle one): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Insurance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Electric: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Natural Gas: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Water: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |
| How many people live in your residence? \_\_\_\_\_\_\_\_  | Garbage/Sewer: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vehicle Payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vehicle Insurance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vehicle Fuel: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Bill: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cable/Internet: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Groceries: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medications: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medical Bills: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other (Identify): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Have you or a family member ever been a member of the Masons or Eastern Star?** \_\_\_\_\_\_\_  If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Is anyone in your household a veteran? \_\_\_\_\_\_\_\_\_\_  If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Are you receiving ADvantage services through the state of Oklahoma (NOT Medicare)? \_\_\_\_\_\_\_\_\_\_\_  |
|  **Alternate Contact** **(Required):** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  | **SEE REVERSE. BOTH PAGES OF APPLICATION MUST BE COMPLETED** |  |

**NARRATIVE: This section must be completed.**

**Please include the type of assistance you are requesting and why it is needed.**

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**Please read and sign below.**

I have read the Application and Instructions. I hereby authorize ASCOG to release information concerning this application and the assistance received from the 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 to the best of my ability under penalty of perjury for false statements.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**