

Benevolence Fund Application

The purpose of this policy is to identify and outline the guidelines surrounding the distribution of dollars from the Employee Benevolence Fund. The Employee Benevolence Fund was created in 2006 by the employees participating in OGHS Foundation Employee Giving Program, SPICE. The Employee Benevolence Fund is designed to help OGHS employees in need of assistance

Employees may request assistance from the Employee Benevolence Fund for the following reasons:

- Financial need due to death, loss of primary residence or other catastrophic event
- Sudden financial hardship due to personal or family illness/injury, death in immediate family* or loss of primary residence
- An instance that prevents or hinders you from reporting to work. Such as transportation or childcare.
- Impending eviction/foreclosure resulting in homelessness.

Eligibility

- Anyone employed by OGHS for 1 year or more in either a PART TIME or FULL TIME capacity only.
- An employee can receive assistance from the Employee Benevolence Fund no more than one time per year or one year from previous assistance, at a maximum dollar amount of \$750.
- No employee may receive more than \$2,250 from the Employee Benevolence Fund over the course of their employment at OGHS.
- Employees requesting assistance must be currently employed at OGHS at the time of their application.
- Assistance may be requested directly by the employee in need or by a concerned fellow employee on behalf of the employee in need. If assistance is requested by someone other than the employee in need, the signature of a manager is required.

Review and Distribution

- Applications will be reviewed on an as needed basis by the Employee Benevolence Fund committee.
- Each application will be "blinded" to ensure anonymity and confidentiality. Benevolence requests are approved by an anonymous committee.
- The emergency for which the employee is seeking assistance should involve a situation that was unforeseen, temporary and unlikely to reoccur in the next six months. Considerations may be made for other circumstances.
- Assistance is for the employee only and not for friends or relatives. This does not apply to dependents that will suffer because of the employee's financial crisis.
- Other options, such as available community resources, will be researched and suggested. Contact information for those resource agencies will be provided.
- Consideration will be given to whether or not available banked PTO hours can be used to assist in meeting the financial need as appropriate.
- Any amounts granted will be made out to establishments rendering services and NOT to the individual employee. A copy of a bill, invoice or quote must be provided with the application or it will not be processed or considered.
- Requests will be reviewed and processed within 5-7 business days of the OGHS Foundation receiving the application. Decisions are made by 51% or greater of Employee Benevolence Fund committee.
- Funds will only be distributed as money is available in the Employee Benevolence Fund. If the granted amount is not available, payment will be deferred until the amount is available.

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All information on this application is confidential. The reviewing committee does not know your identity but only your situation. You must provide as much information as possible in order for the committee make their decision. Complete EVERY section of this form in order for it to be reviewed by the committee. Please attach bills, quotes, invoices, etc. to your application. Applications will not be considered without information regarding the direct payment. Funds are NOT distributed directly to employees.

DATE OF APPLICATION SUBMISSION

/ /

PERSONAL INFORMATION

Full Name	<input type="text"/>			
Department	<input type="text"/>	Position/Title	<input type="text"/>	
Address	<input type="text"/>		City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	
Number you can be reached at	<input type="text"/>	Work Phone/Ext.	<input type="text"/>	

Have you ever received assistance from SPICE? Yes No If yes, were you approved? Yes No

Have you worked as an employee (full or part time) for 6 months or more: Yes No How many years?

WHAT IS THE REASON YOU ARE APPLYING FOR ASSISTANCE?

Death of immediate family member. Please make a selection Spouse Parent Child Grandparent

Family Member's Name

Loss of primary residence Personal illness/injury Immediate family illness/injury

Loss of job by spouse/partner Loss of transportation Other catastrophic even

When did the hardship/event occur? (Date)

Explain event causing need for assistance. Provide as much detailed information as possible. This section is mandatory and required to make a decision.

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WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING?

<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Water	<input type="checkbox"/>	Food	<input type="checkbox"/>	Rent
<input type="checkbox"/>	Mortgage	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Funeral	<input type="checkbox"/>	Other

Other: Explain

AMOUNT REQUESTING \$

- An employee can receive assistance from the Employee Benevolence Fund no more than one time per year or one year from previous assistance, at a maximum dollar amount of \$750.
- No employee may receive more than \$2,250 from the Employee Benevolence Fund over the course of their employment at OGHS.

Does this emergency require funds within a specific time frame? Yes No

If so, please state requested date

If so, state reason

GENERAL INFORMATION

Marital Status Single Married Divorced Separated Widowed Other

How many dependents do you have? What are their ages? Total # in household

Monthly Income Does your spouse/partner work? Yes No Their monthly income

Do you or any one in your household qualify for disability? Yes No If so, what is their monthly award amount.

Are you currently out of work on Worker's Compensation? Yes No If so, as of what date were you unable to work

Have you received assistance from any other organizations/agencies/churches? Yes No

If yes, please list all assistance with dates and amount received.

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Do you have any money in savings/credit union? Yes No If so, how much?

Have you exhausted all other sources of potential income? Yes No

If not, please explain:

What are your options (or what are you going to do) if SPICE is unable to approve your request? What are your resources? Do you need assistance in identifying resources: Do you have a support network? Please provide as much information as possible.

I hereby certify that the information herein is complete, truthful, accurate and that said hardship is real. I also certify that the funds requested are for the emergency needs of myself or my dependents and that I have attempted, but was unsuccessful in obtaining these funds through other community or family resources. I understand that it is subject to verification by the OGHS Foundation.

SIGNATURE

DATE

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All applications will be reviewed and processed within 5-7 business days of receipt.

Attach a copy of all bills with which you are requesting assistance. Documentation MUST be included with your application. CHECKS ARE NOT MADE DIRECTLY TO EMPLOYEES. An employee can receive assistance only once per year at a max of \$750. Lifetime max per employee is \$2,250.

FOR OFFICE USE ONLY

Approved Yes No Sent to Committee / /

Amount Approved

Check(s) made payable to: