

Caring for Colleagues Emergency Fund Application

EMPLOYEE: Sign and send completed form to the Allina Health System Philanthropy at CFCApplications@allina.com for review/approval and processing.

Please note:

**** Regina & St. Francis:** Regina & St. Francis employees will continue to utilize local emergency funds. Please reach out to your local HR contact for assistance.

| 1. CARING FOR COLLEAGUE EMERGENCY FUND REQUIREMENTS | | | |
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| <ul style="list-style-type: none"> ▪ Applicant must be an employee of Allina Health or a former employee impacted by reduction in force after April 1, 2020 applying within one year from termination date. ▪ Applicant is eligible to receive one grant in the maximum amount of \$2,000 in any given 12-month period ▪ Applicant must be experiencing unexpected and severe financial strain as a result of a crisis event. ▪ Application to be completed by the employee in need. Applications submitted by co-worker's will not be accepted. ▪ Your application will be handled with respect and confidentiality, while allowing for appropriate review and evaluation. ▪ Grant money will not be paid directly to the applicant. Please attach copies (not originals) of current bills or invoices that you are requesting be paid on your behalf. Please include your employee name and ID at the top of each page. You need to indicate on the application the exact dollar amount you are requesting and which bills you want us to pay on your behalf. <ul style="list-style-type: none"> ○ The following expenses will not be approved: <ul style="list-style-type: none"> ▪ Auto insurance premiums ▪ Bills for service not addressed to the employee or residence ▪ Cable or satellite television ▪ Credit card debt ▪ Expenses incurred while on strike ▪ Elective expenses ▪ Cable TV, home improvements ▪ Groceries ▪ Grants to family members – except in the case of employee death ▪ Income tax assessments ▪ Legal or professional fees ▪ Medical bills or durable goods covered by insurance ▪ Property taxes ▪ Rental deposits ▪ Tuition or school loans ▪ Incomplete applications will not be reviewed. All sections of the application must be complete before sent to the Review Committee. | | | |

| 2. Employee Information | | | |
|----------------------------------|------------------------|----------------------------------|---------------------|
| Full Name (First MI Last) | | Employee Number | Today's Date |
| Business Unit | Department | Day Phone Number | Internal Mail Route |
| Length of Service (Years/Months) | Personal Email Address | Termination Date (if applicable) | |

Note: Incomplete applications will not be accepted.

3. FUND REQUEST

Dollar Amount Requested:

Maximum amount of \$2,000 in any given 12 month period

Crisis Event:

- | | |
|--|--|
| <input type="checkbox"/> Act of Terrorism <input type="checkbox"/> Car Accident <input type="checkbox"/> Death of parent (step), spouse, child (step), or employee <input type="checkbox"/> Fire <input type="checkbox"/> Flood, Tornado or Other Natural Disaster | <input type="checkbox"/> Pandemic (including COVID-19) <input type="checkbox"/> Serious illness of employee or family member (parent (step, spouse or child (step)) <input type="checkbox"/> Job loss, temporary furlough, involuntary reduction in FTE <input type="checkbox"/> Victim of crime that has been reported to law enforcement <input type="checkbox"/> Victim of domestic abuse |
|--|--|

Please describe, in detail, the emergency situation that created the financial hardship. Include any documentation available to support your request and explanation. (Attach separate sheet(s), if necessary) :

Approved eligible expenses being submitted (may select more than one):

- | | |
|--|--|
| <input type="checkbox"/> Automobile payments <input type="checkbox"/> Automobile repairs <input type="checkbox"/> Child care expenses <input type="checkbox"/> Emergency travel <input type="checkbox"/> Expenses due to fire, tornado, flood, severe weather or other natural disasters | <input type="checkbox"/> Funeral or burial expenses for parent (step), spouse, child (step) or employee <input type="checkbox"/> Mortgage/rent expenses <input type="checkbox"/> Non-medical expenses related to serious health condition or death of parent (step), spouse, or child (step) <input type="checkbox"/> Personal assistive devices <input type="checkbox"/> Travel cost to funeral for parent (step), spouse, or child (step) <input type="checkbox"/> Utility bills (including cell phone) <input type="checkbox"/> Utility shut-off notice |
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Note: Incomplete applications will not be accepted.

**Please describe, in detail, your specific financial needs (i.e. assistance with utility bills, mortgage, etc.).
You will need to provide specific details below as well as attaching copies of the bills :**

Please list other sources of support that you have explored to assist with this crisis event:

Do you have insurance that could cover this loss?

Note: Incomplete applications will not be accepted.

4. SIGNATURES

I certify that the information provided is true and correct, that I am experiencing unexpected and severe financial strain, and that the money received will be used for the stated financial hardship I describe above. Any intentional misrepresentation of information contained in this application or shared during its review will result in forfeiting this and any future application for assistance, possible disciplinary action and a potential demand for repayment of funds issued. Furthermore, I understand that the completion of this application does not guarantee funding.

Employee's Signature

Date

Note: Incomplete applications will not be accepted.

| | | |
|---|--|-------------------------|
| Provider: Address: | Amount: Due Date: | Account/Policy#: |
| Provider: Address: | Amount: Due Date: | Account/Policy#: |
| Provider: Address: | Amount: Due Date: | Account/Policy#: |
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