



MONARCH EMPLOYEE CARE FUND GRANT APPLICATION INSTRUCTIONS

The Monarch Employee Care Fund was established to help employees who are facing financial hardship due to unforeseen circumstances like a natural disaster, house fire or other emergencies. The Fund relies primarily on contributions from the community, Monarch families and friends, and team members as well as corporate support from Monarch. Together, those contributions provide tax-free grants to help Monarch's caring, compassionate employees when they are facing life's unexpected challenges.

Please read these instructions BEFORE applying for a Monarch Employee Care Fund grant.

Grants will not exceed \$1,500 per qualifying event.

THE PROCESS

Email info@monarchemployeecarefund.org with questions.

1. **Determine if you qualify.** Please review the requirements below and choose a qualifying incident. Your length of service will be verified by Monarch's Human Resources.
2. **Complete and sign the application.** All pages must be completed, including Section C.
3. **Collect and attach any needed documentation.** You must submit proof of the qualifying incident (see each incident description below) and copies of bills or invoices for which you are requesting payment assistance.
4. **Email your application and required documents to** application@monarchemployeecarefund.org or fax to (704) 986-5765 or mail to Monarch Employee Care Fund, 350 Pee Dee Avenue, Albemarle, NC 28001.
5. **Your application will be reviewed for completeness once it is received.** The Fund's Grant Committee will determine if you need to submit any additional documentation and will contact you. You will also be contacted with any questions the committee has about your situation.
6. **You will be notified by email** detailing the Monarch Employee Care Fund Grant Committee's decision.
7. Once approved, **payments will be sent directly to vendors.** Payments are made by check, sent through the U.S. mail directly to each vendor (landlord, utility company, Mortgage Company, contractor, etc...). The Monarch Employee Care Fund may distribute up to \$250 directly to the employee to provide short-term emergency assistance (lodging, clothing, food, etc.).

ELIGIBILITY

1. You must be a Monarch who has been employed for at least 180 days (6 months).
2. The qualifying incident (natural disaster, illness, injury, etc...) **must have occurred while employed by Monarch and this incident caused a financial hardship.**

3. The qualifying incident (natural disaster, illness, injury, etc...) **must have happened within 90 days of the time an application is submitted.**
4. Employees can only be awarded **ONE grant per 12-month rolling period.**
5. **Your situation MUST fall into one of the six categories below:**

Natural Disaster: For situations such as fire, flood, tornado, hurricane, severe storms or earthquake. The damage must be to associate's primary residence. Rental properties (not occupied by associate) or vacation homes do not qualify. The Fund cannot pay to repair property or improvements other than the primary residence, such as garages, storage buildings, lawn equipment or fencing, and cannot pay to replace non-essential items, such as electronics or furnishings. *Photographs, insurance reports or documentation will be required.*

Serious Illness or Injury: For the employee, spouse/partner or eligible dependent(s) as defined by federal law. The illness or injury to the associate, spouse/partner or other eligible dependent must be of such seriousness that it affects the ability to afford basic living needs. The Fund is not a substitute for medical insurance and will not pay for the cost of medical care. Employees do not automatically qualify for a grant when they, their spouse/partner or their dependent(s), are diagnosed with or suffer a life-threatening or serious illness or injury. There must be a resulting financial need including an inability to pay basic living expenses. *Doctor confirmation, medical documentation or insurance will be required.*

Death Incident: This includes the death of the employee's spouse/partner or eligible dependent(s) as defined by federal law. The cost of funeral expenses or medical bills must prevent an associate or the associate's immediate family from affording basic living expenses and create a financial hardship. The Fund can pay associated travel, funeral, and burial expenses for a spouse/partner or eligible dependent. The employee's name must be listed on the bill as the responsible party. If multiple family members are listed, then the Fund will consider a fraction of the bill to be paid to the funeral home. *A copy of the death certificate or a published death notice/obituary will be required.*

Catastrophic or Extreme Circumstances: This includes but is not limited to fire, major home damage (not due to natural disaster) that could not have been avoided, a serious crime against the associate or eligible dependents (such as robbery, arson, assault, domestic abuse, extreme vandalism, or another reportable crime), or other extreme circumstance that impacts the ability to afford basic needs. *Depending on the circumstance, police, fire or other official incident report will be required.*

Unforeseen Car Repairs: This includes major car repairs that prevent the associate from getting to and from work. This is only considered if this vehicle is the only source of transportation for the employee. Normal car maintenance and wear and tear items (batteries, tires, etc.) will not be considered. *Repair bills, estimates or other proof of costs will be required.*

Other Sudden or Unforeseen Circumstances: Other sudden or unforeseen circumstances which cause financial hardship and jeopardize an employee's ability to meet basic needs will be evaluated on a case by case basis. *Documentation of the event and proof of associated costs are required. Please provide photos, invoices, eviction notification, bills, reports or other information to support the need.*

GRANTS:

Grants will not exceed \$1,500 per qualifying event. The Monarch Employee Care Fund may grant up to \$250 directly to the employee to support short-term emergency needs (emergency shelter, food, clothing, etc.). That \$250 will apply toward the \$1,500 grant limit per qualifying event.

Grants are only paid as a only as a result of a Qualifying Event and will help pay for limited types of essential living expenses that otherwise would put the household at risk. These include, but are not limited to:

- a. Housing, mortgage, or rent payments (for primary residence)
- b. Home repairs (for primary residence)
- c. Evacuation costs
- d. Payment of essential household bills (such as utilities)
- e. Food/clothing
- f. Essential household items
- g. Dependent care
- h. Funeral, travel and burial expenses for spouse and eligible dependents as defined federal law.

Grants cannot be made to pay for other expenses or non-qualifying events such as:

- a. On the job injuries
- b. Medical expenses
- c. Transportation (such as travel to and from medical treatments)
- d. Psychological counseling
- e. Lost wages
- f. Legal fees
- g. Electronics and non-essential appliances/furnishings
- h. Non-essential household utilities (e.g., internet, cable/satellite television, telephone, etc.)
- i. Non-essential home repairs (e.g., landscaping, carports, fencing, etc.)
- j. Items covered by insurance, insurance co-pays, premiums, or deductibles
- k. Credit card debt or pay day loans
- l. Private school or higher education tuition
- m. Expenses associated with divorce or child custody settlements
- n. Routine car maintenance or repairs
- o. Funeral, travel, and burial expenses beyond the death of staff member's spouse or eligible dependent.

APPLICATION SUBMISSION:

Email your application to: application@monarchemployeecarefund.org

Fax to: (704) 986-5765

Mail to:
Monarch Employee Care Fund
Attn: Applications
350 Pee Dee Avenue, Suite 101
Albemarle, NC 28001

MONARCH EMPLOYEE CARE FUND GRANT APPLICATION

SECTION A: General Information

Name: _____

Employee ID: _____ Date of Hire: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email Address: _____

REQUIRED: I acknowledge that I have read the application instructions and fund information prior to submitting this application. (circle one) Yes No

SECTION B: Statement of Need

Please read the application instructions for information.

Which type of Qualifying Event caused this financial hardship?

- Natural Disaster
- Serious Illness – self or spouse / eligible dependent
- Death – spouse / eligible dependent
- Catastrophic or extreme circumstances (house fire, major home damage, victim of crime, etc.)
- Unforeseen car repair
- Other unforeseen event (evaluated on case-by-case basis)

Incident: _____

(Example: house fire, car accident, robbery, type of illness, domestic abuse, etc.)

Date of Incident: _____

(Must be within the last 90 days.)

What amount of grant assistance are you seeking? _____

(All grants awarded by the Fund will be issued directly to the service provider (mortgage company, landlord, repair company, etc.), not to the staff member (unless otherwise authorized by the Board of Directors, on a case-by-case basis). An exception can be made to distribute up to \$250 directly to a staff member at time of immediate need under certain circumstances, and the payment will be applied toward the \$1,500 maximum per Qualifying Event.)

1. Please describe the incident in detail (attach additional sheet if necessary): _____

2. Have you attached **supporting documentation** for this incident (circle one)? YES NO
Supporting Documentation is required and can include incident/police reports, eviction notices, legal documents, repair estimates/invoices, etc. See grant instructions for additional details.)

3. Who has been affect by this incident (yourself, family, etc.) and how? _____

4. Describe in detail your basic immediate needs. _____

5. How will this grant help you meet basic needs and recover from this hardship? _____

6. If this \$1,500 grant does not cover the full expense (e.g. back due rent or a car repair bill is more than \$1,500), have you made arrangements to fund the remaining cost? How will you do so?

Section C: Financial Information

The Monarch Employee Care Fund will provide up to \$250 directly to the employee to help with immediate short-term emergency assistance (immediate shelter, food, clothing, etc.), but otherwise will ONLY provide payment directly to service provider(s). Please list those service providers below and provide documentation of this need (current bills, invoices, repair estimates, etc.) to support your request. If you have questions, email info@monarchemployeecarefund.org for assistance. Please list yourself first if you are requesting up to \$250 in short term assistance. If additional vendor space is needed, please provide an attached sheet. Additional information may be requested or required before or after your grant is approved.

- 1) Vendor Name: _____
Address: _____
Vendor Phone Number: _____
Amount Requested: _____ Account Number: _____
Purpose: _____

- 2) Vendor Name: _____
Address: _____
Vendor Phone Number: _____
Amount Requested: _____ Account Number: _____
Purpose: _____

- 3) Vendor Name: _____
Address: _____
Vendor Phone Number: _____
Amount Requested: _____ Account Number: _____
Purpose: _____

- 4) Vendor Name: _____
Address: _____
Vendor Phone Number: _____
Amount Requested: _____ Account Number: _____
Purpose: _____

- 5) Vendor Name: _____
Address: _____
Vendor Phone Number: _____
Amount Requested: _____ Account Number: _____
Purpose: _____

6) Vendor Name: _____
Address: _____
Vendor Phone Number: _____
Amount Requested: _____ Account Number: _____
Purpose: _____

SECTION D: Declaration and Agreement

Monarch employees are not entitled to receive a grant, either by virtue of their employment, their history of contributions to the Monarch Employee Care Fund or because of any precedent inferred from a previous grant from the Fund. Grants will not be made before an employee has demonstrated **an immediate financial need** and provided all required documentation. This application will be treated in a confidential manner by the Fund’s Board of Directors. In addition, Monarch employee acknowledges that, solely for purposes of verifying information in this application and making a grants decision based on information set forth herein, the Board of Directors or its designees may discuss information in this application with staff member’s immediate supervisor and/or management team, and/or obtain information from Associate’s personnel files or the files of any benefits vendor of Monarch. The Monarch employee / applicant is expected to provide truthful and accurate information. Monarch employees may be awarded grant assistance one (1) time in any rolling 12-month period.

In its due diligence, if the Fund discovers any information to be untrue, disciplinary actions up to and including termination could occur. Your signature below certifies that the information provided is true and complete to the best of your knowledge and authorizes The Board of Directors to obtain and/or verify all information necessary to process this application, as set forth above.

If your grant is approved, additional information may be required to complete grant disbursements.

Applicant’s Signature: _____

Date: _____