



CARLSON Cares

GRANT APPLICATION INSTRUCTIONS

The Carlson Fund was created as a last resort to help employees, their spouses or eligible dependents who are facing financial hardship because of a qualified incident. An employee can only receive financial assistance once within a 12 month period. In the case of a denied application, the employee is eligible to submit a new application after six months, should a new incident occur.

EMPLOYEE ELIGIBILITY: A qualified Carlson employee is an individual who is based in the United States and has been:

- regularly scheduled to work 20 or more hours per week
- working and residing in the United States
- actively employed or on approved leave of absence for no more than one year
- demonstrates a financial need that has not been met by own or other pursued resources

Carlson employees that meet the requirements listed above are eligible to apply to the Carlson Cares Fund beginning on their first day of employment. However, the qualified incident must take place while employed by Carlson.

In the case of an employee's death, eligible dependents may apply within 14 days of the date of death. The Carlson Cares Fund defines an eligible dependent as an immediate family member or claimed dependent as documented on the most recent tax return.

QUALIFIED INCIDENTS: Qualified incidents are unexpected circumstances that arise outside of the employee's control which causes an economic hardship for the employee's family. A qualified incident is typically a one-time event that occurs unexpectedly and causes unexpected bills. The reported incident must have occurred within 120 days of the application date. Circumstances that may qualify for a grant fall into four categories:

- Natural disaster,
- Life-threatening or serious illness or injury,
- Loss of Life, or
- Catastrophic or extreme circumstances

Please note: Qualified incidents **do not** include: legal fees, loss of household income due to cut back in hours or lost job, divorce, credit card bills, home foreclosure, accumulated financial distress, or incidents that occurred longer than 120 days prior to the application date. The Fund cannot pay for items due to lack of home owner's or medical insurance.

APPLICATIONS: Applications to the Fund will be reviewed by The Minneapolis Foundation and will be treated in a confidential manner; however non-identifying statistical information will be reported to Carlson on a periodic basis. Applications will not be considered until they are complete. Applications must be submitted within 120 days of qualifying incident. Employees are encouraged to keep a complete copy of the application for their personal records.

FINANCIAL ASSISTANCE: Grants from the Carlson Cares Fund are intended as a last resort for qualified employees, their spouses or their eligible dependants who are most vulnerable to financial distress caused by a qualified incident. *The maximum amount available for each incident is \$5,000.* Grants may be awarded to help pay for limited types of expenses or bills directly related to the qualified incident, including but not limited to: medical expenses not eligible for reimbursement by insurance, housing (rent or mortgage), utilities (water, gas, electric), food, or, other essential necessities.

Grants **will not** be awarded for expenses including, but not limited to: legal fees, insured property losses, credit card bills, car payments, cable television, telephone bills, internet service providers, non-essential appliances and electronics, etc.

If the application is approved, the Carlson Cares Fund will issue the grant in the form of check(s) payable to the vendor(s) to whom the employee owes payment(s) or other suitable means as determined by The Minneapolis Foundation..

Mail or fax the completed application with requested documentation to:

Carlson Cares Fund
800 IDS Center,
80 South Eighth Street,
Minneapolis, MN 55402

or Fax: 612-672-3846 Attn: Carlson Cares Fund

The Minneapolis Foundation is the administrator of the Carlson Cares Fund.

Grant Application: General Information

(Please Print Clearly)

Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Employee Daytime Phone: (____) _____ Alternate Phone: (____) _____

Employee Email: _____

Employment City and State: _____

Please provide a brief description of the event that caused the economic hardship: _____

Date of event causing the financial hardship: ____/____/____ (Must be within previous 120 days)

Please provide the total dollar amount you are requesting not to exceed \$5,000 \$_____ (list all bills on page 5)

How many people live in your household including yourself? _____ Adult(s) _____ Children (dependants)

This fund is a **last resort**. Please list all other efforts you have put forth to alleviate your financial hardship: _____

Declarations and Agreement

No employee is entitled to receive a grant, either by their employment, their history of contributions to the 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 need. This application will be treated in a confidential manner by The Minneapolis Foundation; however non-identifying statistical information will be reported to Carlson on a periodic basis. Employees are expected to provide truthful and accurate information. In its due diligence, if the Foundation discovers any information to be untrue, it shall have the right to unilaterally waive its confidentiality and report its findings to Carlson. Your signature below verifies that the information provided is true and complete and authorizes The Minneapolis Foundation to obtain and/or verify all information necessary to process this application. In addition, you agree to provide the requested documentation supporting the information provided.

Employee Signature

Date

PERSONAL FINANCIAL STATEMENT

As described in the eligibility requirements, the employee must demonstrate a financial need that can not be met by other means and a qualified incident. To assist with the evaluation of each request, applicants are asked to submit a signed Personal Financial Statement showing a current picture of the family's finances.

REQUIRED ATTACHMENTS:

- Copies of the employee's most recent pay stubs to prove current employment with Carlson, and
- The first page of the household's most recent federal income tax return(s) showing the annual adjusted gross income to assist in determining the need.

IMPORTANT: If your annual gross income for the current year will be less than your previous year's tax return please provide an estimate of your current annual income and reason for the change. You may be required to submit documentation from your employer verifying the information provided.

Your assets:

Cash (in hand or checking)	\$ _____
Savings account balance	\$ _____
Other accessible cash or investments	\$ _____
(excluding IRA, 401k, or other retirement assets)	
TOTAL	\$ _____

Your MONTHLY household income:

Employee's monthly wages	\$ _____
Spouse's monthly wages	\$ _____
Child Support received	\$ _____
Disability Insurance	\$ _____
Social Security/Pension	\$ _____
Other income	\$ _____
TOTAL Monthly Income	\$ _____

Your MONTHLY living expenses:

List the amounts
you actually pay
on a monthly basis

Rent or Mortgage	\$ _____
Utilities	\$ _____
Food	\$ _____
Child Support owed	\$ _____
Medicine	\$ _____
Car loans	\$ _____
Gas/Incidentals	\$ _____
Other	\$ _____
TOTAL Monthly Expenses	\$ _____

Your signature certifies that the information provided is true and complete.

Applicant Signature

Date

Applicant Name (PLEASE PRINT)

INCIDENT REPORT

The Carlson Cares Fund may help employees who need financial assistance because of a qualified incident. A qualified incident is typically a one-time event that occurs unexpectedly and causes an economic hardship for the employee's family. The reported incident must have occurred within 120 days of the application date. Circumstances that may qualify for a grant fall into five categories.

Please check the box that is appropriate for your incident:

- ☐ Natural Disaster (flood, lightening strike, house fire, tornado, etc; primary residence only)
- ☐ Serious Illness or Injury (heart attack, car accident, emergency room visit, or other medical bills not eligible for reimbursement for the employee, employee's spouse/domestic partner, or eligible dependent.)
- ☐ Loss of Life (employee, employee's spouse/domestic partner, child, parent or parent-in-law, or sibling)
- ☐ Catastrophic or Extreme Circumstances (an event that has happened within 120 days of the application date, does not fall into any of the above categories, and results in unexpected bills or causes the applicant to use his/her rent and/or utility money to pay atypical bills)

Examples of incidents that DO NOT qualify include but are not limited to:

- *Loss of household income due to cutback in hours or overtime, loss of a job, divorce, or loss of child support
- *Incidents that occurred more than 120 days prior to the application date
- *Accumulated financial distress (income is not enough to cover regular monthly bills)
- *Wage garnishments/Disconnection notice/Eviction notice (these are results of a financial hardship, not the cause)
- *Lack of medical insurance and/or lack of home owner's insurance

REQUIRED ATTACHMENTS:

You are required to substantiate (prove) your incident. Please attach appropriate documentation to show proof of the incident. (police report, fire report, insurance report, medical note from a doctor, obituary, death certificate, etc)

Is there insurance that would help in this situation?

☐ Yes ☐ No

If yes, has a claim been submitted?

☐ Yes ☐ No

Describe how the incident prevents you from meeting your financial obligations. (Attach additional pages if necessary) ____

Detailed List of Bills for Consideration

Please list the bills that you would like the Fund to consider paying on your behalf. These bills must be directly related to the incident that you are reporting as causing a financial hardship for your family. Please be sure that the total amount of these bills is equal to the total dollar amount you are requesting from page 2 of this application.

REQUIRED ATTACHMENTS:

- Copies of **current** bills or invoices in the same order they are listed below, or
- A letter or invoice from landlord with amount owed, or
- A copy of a gift registry from a store like Target or Wal-Mart if you are seeking help to replace essential household items not covered by insurance that were lost to a natural disaster.

Vendor Name:			
Vendor Address:			
Essential need provided: (rent, electric, medical, etc)			
Amount owed:	\$	Account number:	

Vendor Name:			
Vendor Address:			
Essential need provided: (rent, electric, medical, etc)			
Amount owed:	\$	Account number:	

Vendor Name:			
Vendor Address:			
Essential need provided: (rent, electric, medical, etc)			
Amount owed:	\$	Account number:	

Print additional pages as necessary.