

# **C.H. Robinson Employee Assistance Fund GRANT APPLICATION INSTRUCTIONS**

The C.H. Robinson Employee Assistance 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 C.H. Robinson employee is an individual who has been:

- working an average of 20 or more hours per week over the previous 12 months;
- employed by C.H. Robinson for at least twelve months;
- working and residing in the U.S.;
- actively employed, currently furloughed or on approved leave of absence for no more than six months; and
- able to demonstrate a financial need that has not been met by own or other pursued resources.

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

In addition to the requirements above, the employee's household must have a combined annual adjusted gross household income of less than 400% of the Federal Poverty Guidelines. A chart based on family size can be found at our website.

**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 divorce, credit card bills, home foreclosure, accumulated financial distress, automobile repairs, elective medical procedures, or incidents that occurred more than 120 days prior to the application date. The Fund cannot pay for hardship caused by lack of home owner's or medical insurance.

**APPLICATIONS:** Applications to The C.H. Robinson Employee Assistance 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 C.H. Robinson on a periodic basis. Applications will not be considered until they are complete. Once the application is complete the applicant will receive a decision in writing within 10 business days. 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 C.H. Robinson Employee Assistance Fund are intended as a last resort for qualified employees, their spouses or their eligible dependents who are most vulnerable to financial distress caused by a qualified incident. *The maximum amount available for each incident is \$1,000.* 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, automobile repairs, and non-essential appliances and electronics, etc. If the application is approved by the C.H. Robinson Employee Assistance 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:**

**C.H. Robinson Employee Assistance Fund  
800 IDS Center,  
80 South Eighth Street,  
Minneapolis, MN 55402**

**or Fax: 612-672-3846 Attn: C.H. Robinson Employee Assistance Fund**

**The Minneapolis Foundation is the administrator of the Gander Mountain Associate Emergency 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 \$1,000 \$\_\_\_\_\_ (list all bills on page 5)

How many people live in your household including yourself? \_\_\_\_\_ Adult(s) \_\_\_\_\_ Children (dependents)

This Employee Assistance 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 C.H. Robinson Employee Assistance 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 C.H. Robinson on a periodic basis. Employees are expected to provide truthful and accurate information. In its due diligence, if the Foundation discovers any information it believes is untrue, it shall have the right to unilaterally waive its confidentiality obligation and report its findings to C.H. Robinson. 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 cannot be met by other means and is caused by a qualified incident. To assist with the evaluation of each request, applicants must 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 Gander Mountain, 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)	\$ _____
Real estate	\$ _____
Vehicles (cars, boats, RVs)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Your MONTHLY household income:

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

Your MONTHLY living expenses:

List the amounts you actually pay on a monthly basis	Rent or Mortgage	\$ _____
	Utilities	\$ _____
	Food	\$ _____
	Child Support owed	\$ _____
	Medical expenses	\$ _____
	Car loans	\$ _____
	Gas/Incidentals	\$ _____
	Other	\$ _____
	<b>TOTAL Monthly Expenses</b>	<b>\$ _____</b>

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (PLEASE PRINT)

# INCIDENT REPORT

The C.H. Robinson Employee Assistance 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 four categories.

Please check the box that is appropriate for your incident:

- Natural Disaster (flood, lightning 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)
- Loss of Wages due to Furlough (employee only)
- 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) \_\_

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## 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.