

DelGrosso Employee Emergency Fund

DelGrosso Employee Emergency Fund Information

The DelGrosso Employee Emergency Fund (DGEEF) is available for active DelGrosso Foods, DelGrosso's Amusement Park, and Marianna Foods employees who encounter **situations of emergency (serious situations happening unexpectedly that demand immediate attention)**. Typical requests are for fire to one's home, death of a loved one, or medical bills from an unexpected illness or injury not covered by insurance.

Who Qualifies for this Fund?

- DelGrosso employees who have been employed with one of the above listed companies for at least **one (1) year**.
- The emergency occurred within the last **90 days**

(Contact your HR office for more info)

The DGEEF **does not** provide aid to employees who are experiencing hardships solely due to increases in cost of living, fuel costs, home heating, refundable deposits, lawyer fees, garnishments, car maintenance, home maintenance, routinely anticipated bills, or worker's compensation cases. The employee must be in "good standing" with their employer and grants will not be awarded if another benefit is more appropriate. Gifts may be awarded for the exact amount requested. Depending on the

circumstances the committee may review more than one application per employee during a twelve-month period. Grants can be paid to the provider as a best practice. Grants can also be paid to the employee at the committee's discretion.

The DGEEF Review Committee confidentially addresses grant requests and notifies applicants through email or phone call of their application's status within 10 business days of receiving all required documents. Applications **without** necessary documentation will be considered **incomplete** and will not be reviewed until complete. **(Review check list below)**

Checklist for applying to the DGEEF: ALL BELOW ITEMS ARE REQUIRED:

- I have attached a 1 page **letter** to explain why I am requesting funds.
Letter must include:
 - Details of the unexpected emergency.
 - Explanation of bills/documentation included in the application.
 - Explanation of how the funds will be used.
- I have obtained the required **signatures**
- I have attached **copies of my bills/documentation** explained in my letter of request.
(These documents are meant to support the information placed in your letter of request)
- I have attached **bills** that would be paid if my application is approved.
- I have previously been awarded funds from the DGEEF (If so, when: _____)

(FILL IN) **Employee's Name:**

Funds are made available by the generous donations of fellow employees through pre-taxed payroll deductions or one-time contributions.

Submit Application & Attachments

Visit www.delgrossos.com/DGEEF to download the application or to view more information about the DGEEF — click on the **EMERGENCY FUND** link. Completed applications can be delivered multiple ways: 1) Dropped off at the Human Resources Office, 2) Faxed to 814-296-6056, or 3) Mailed to DelGrosso Foods, DGEEF Committee, Attn: Human Resources, PO Box 337, Tipton, PA 16684.

DelGrosso Employee Emergency Fund Application for Financial Support

APPLICATIONS MUST BE TYPED or PRINTED NEATLY

Applicant Information			
Name (Last):	(First)	(MI)	Date:
Employee ID #:	Home Address:		
City:		State:	Zip Code:
Work Phone: ()	Personal Ph # (home or cell): ()	E-mail:	
Amount Requested: \$	Name of Company you work for:	(Circle One): Part-time or Full-time	

Request Summary (REQUIRED)

Reason for request: (Write a brief explanation of the unexpected emergency, add additional paper if needed):

List the date the unforeseen emergency occurred (Month, Day, Year): / /

Check all boxes that apply: (double click on any box to electronically mark it)

HOME MEDICAL OTHER	<input type="checkbox"/> Complete Loss of Primary Home <input type="checkbox"/> Fire/Damage to Primary Home <input type="checkbox"/> Flood Have you filed a claim with your homeowners' insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe the damage and <u>attach estimates</u> to repair or replace: Approximate costs to repair or replace items not covered by insurance and excluding deductible: \$
	<input type="checkbox"/> Family member illness/Injury <input type="checkbox"/> Personal illness/Injury Relationship to person who is ill (must be living in the employee's household): Approximate medical expenses not covered by all insurance and excluding deductible: \$ Type of illness or disability (terminal, temporary disease) : Is the person covered by Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the person on any type of disability? (short or long term): Dates of sickness or disability occurred: From (MMDDYY) to (MMDDYY – list indefinite if recovery date is undetermined)
	<input type="checkbox"/> Death of loved one (documentation required –i.e. death certif./medical record/etc): <input type="checkbox"/> Other: please explain:
	<p><u>REQUIRED ATTACHMENT:</u> <input type="checkbox"/> Please attach a 1 page typed or neatly written letter to describe the emergency that caused the financial hardship and briefly describe how funds from the DelGrosso Employee Emergency Fund will be used. Include bills and documentation.</p>

Disclaimer and Signature (REQUIRED)

The information I have provided on this application is true and complete. I authorize the DGEEF Review committee to review my application and attachments for the purpose of granting funds.

Employee Signature: _____ Date: _____

HR contact: I confirm that the information provided on this application is consistent with the information provided by the employee. I have also viewed the attached 1 page request for funds enclosed in this application.

HR Signature:	HR Print Name:	Applicant's Hire Date: / /	HR's Phone #: ()
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For DGEEF Approval Committee:

DGEEF Case Number: _____ Date Received: _____ Approved: Yes No

Additional Comments (add additional paper if needed):