

Local Committee Recommendation

GRANT LEADER: PLEASE FILL OUT AND PRINT THIS FORM.

Applicant Case Number
(Process Level and EIN)

 -

Applicant's last name:

Grant Leader checklist:

Current number of unpaid hours: (Complete for illness/injury situations.)

Has the applicant received donated PTO? Yes No

Verified pay rate: \$ per hour

Note: These documents **MUST** be included for the application to be reviewed. If the information is not included, the application will be declined.

Include documentation

- Illness/injury:
 - ▶ Physician documentation with nature of illness/injury and dates applicant/dependent must be out of work
 - ▶ Medical expenses — documentation showing the medical necessity for treatment and associated cost
- Disaster: Examples include fire report, insurance report, notification of Red Cross assistance
- Domestic violence: Active restraining order and bills that must be paid
- Death: Name of deceased, name and location of funeral home, and date of funeral/burial
- **Utility bills are not necessary or required.**

What is the local committee's recommendation for this grant request? Approve Decline

Amount recommended by local committee: \$ See "Grant Amounts at a Glance" for funding details.

Please provide background and reasoning for your recommendation:

This application has been reviewed by the local committee. If approved, the local committee recommends that the Hope Fund provides a grant in the amount set forth above to the applicant listed.

Grant Leader Signature

Grant Leader Phone Number

Date (mm/dd/yy)

Please fax this completed form, along with the completed application and supporting documents, to (866) 337-4354.

