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| For Office Use Only<br>Application number: _____<br>Revised 10.31.18 |
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## MOHELA Cares Application

*Note: MOHELA has partnered with the St. Louis Community Foundation to administer the MOHELA Cares Fund program. All information contained in this application is confidential and will not be shared with your employer except as aggregate data.*

**The Program:** The MOHELA Cares Fund helps employees who are experiencing a financial burden due to a disaster or other extreme situation by making grant payments to vendors on your behalf to help cover basic living needs. Your co-workers and employer make these grants possible.

**Eligibility:** You, or your surviving immediate family member, are eligible to apply, if you meet both of the following conditions:

- You are an employee (full-time, part-time, hourly, including porters) of MOHELA (some restrictions apply)
- You have experienced financial burden due to a qualifying event that happened within the past 90 days. Qualifying events that happen outside of the 90-day period with extenuating circumstances will also be considered. A qualifying event is:
  - A natural disaster (flood, earthquake, wildfire, tornado, etc.) that has affected your primary residence.
  - A serious illness or injury (employee or eligible immediate family member) that affects your ability to pay for basic living expenses.
  - A death (employee or eligible immediate family members), when loss of income, funeral expenses, or uninsured medical expenses affect your ability to cover basic living expenses.
  - Catastrophic or extreme circumstances (fire, robbery, assault, domestic abuse, etc.) that affect your ability to cover basic living expenses.

**Applicants may apply once each calendar year, but each application must be for a separate and unique qualifying event.**

**Grants:** The maximum annual support from the fund is \$1,500; in general, the minimum vendor payment is \$250. All grant checks will be sent directly to a vendor to cover eligible expenses from a current bill or invoice. It is important for you to understand that we cannot make payments or reimbursements to an employee; however, we may be able to offer you some alternate solutions if you have already made payment—please contact us directly to discuss possibilities. The maximum lifetime support from the fund is \$3,000.

**Application:** To be considered for grant support, complete all four pages of the application. Print your name at the top of each page. Answering questions completely will help us process your request quickly.

- Attach current bills, invoices, and supporting documentation.
- You will be notified of the status of your application at the email or address you provide below generally within 10 days of receipt.

Send your completed, signed application with supporting documentation to [MOHELACares@stlgives.org](mailto:MOHELACares@stlgives.org) or mail to the address on page four.

### SECTION 1: INFORMATION ABOUT YOU

|                                |                                |  |
|--------------------------------|--------------------------------|--|
| Employee Name (print clearly): |                                |  |
| Permanent Home Address:        |                                |  |
| City:                          | State:                         | Zip:   |
| Daytime phone:                 | Other phone:                   | Email:   |
| Do you prefer contact by:      |                                | Have you applied to this program before?                 |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Email | <input type="checkbox"/> US Mail                         |
|                                |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                |                                | City, State, Zip:  |
| Hire Date:                     | Job Title:                     | Employee ID#:  |

### SECTION 2: DESCRIBE YOUR SITUATION

Employee Name, printed clearly: \_\_\_\_\_

Which qualifying incident caused your current financial burden?

Natural Disaster     Serious Illness or Injury     Death in Family     Catastrophic or Extreme Circumstances

Detail of incident: \_\_\_\_\_ Date of incident: \_\_\_\_\_  
(tornado, flood, type of illness or surgery, deceased's name & relationship, name of circumstance, etc.) (must be within 90 days of application)

Was the incident covered by insurance?  Yes  No If yes, is your application today being submitted after insurance coverage has been applied?  Yes  No If no, why not? \_\_\_\_\_

Describe what happened that caused your financial burden:

Please tell us anything else you feel would help us understand the burden you and your family are experiencing as a result of this incident:

### SECTION 3: SPECIFIC REQUEST

Employee Name, printed clearly: \_\_\_\_\_

Grants are paid to vendors in response to an unpaid bill or invoice for eligible, basic expenses. Examples of eligible expenses:

- rent, mortgage or other housing payments
- temporary housing and security deposits for new housing
- utility bills (electricity, heating, water, etc.)
- medical expenses not covered by insurance
- funeral expenses for immediate family
- car repair or car payments not covered by insurance

See Grant Documentation below for more detail.

The Program **cannot** make grants for the following:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• reimbursements to employee or other individual</li> <li>• legal fees</li> <li>• credit card debt</li> <li>• cable, phone or internet</li> <li>• counseling</li> </ul> | <ul style="list-style-type: none"> <li>• appliances, electronics</li> <li>• collection agency requests</li> <li>• student loans or expenses</li> <li>• internet/phone</li> <li>• repairs due to negligence or neglect</li> </ul> |
|--|--|

**Grant Payment:** If an application is approved, payment(s) to the vendor(s) will be made by check and will include the employee's account number, if applicable, and a copy of the bill or invoice provided with the application. In general, the minimum vendor payment is \$250; the annual maximum is \$1,500. We cannot make payments or reimbursements to a team member; however, we may be able to offer you some alternate solutions if you have already made payment—please contact us directly to discuss possibilities.

**Grant Documentation:** Please list the bills you need assistance with, *listing the most important ones first*. If you are requesting payments to more than three vendors, attach a page with identical information provided. Please include the following:

- Bill, invoice, lease, mortgage coupon, statement of amount due.
- A completed W-9 for any vendors that are individuals, partnerships, or LLCs (blank form at the end of the application).
- A published obituary or death certificate is required for expenses relating to a death that are not included on an invoice from a mortuary.
- Fire, police or other official reports are required for applications resulting from catastrophic events.

|   |                        |
|---|------------------------|
| Vendor Name                                     |                        |
| Vendor Mailing Address, City, State, Zip State: |                        |
| Vendor Employer Identification Number (EIN)     | Invoice/Bill due date: |
| Your account number                             | Payment amount:        |

|   |                        |
|---|------------------------|
| Vendor Name                                     |                        |
| Vendor Mailing Address, City, State, Zip State: |                        |
| Vendor Employer Identification Number (EIN)     | Invoice/Bill due date: |
| Your account number                             | Payment amount:        |

|   |                        |
|---|------------------------|
| Vendor Name                                     |                        |
| Vendor Mailing Address, City, State, Zip State: |                        |
| Vendor Employer Identification Number (EIN)     | Invoice/Bill due date: |
| Your account number                             | Payment amount:        |

#### SECTION 4: THE FINE PRINT

Employee Name, printed clearly: \_\_\_\_\_

This charitable program was established in 2018 by MOHELA to receive gifts from employees, the company, and others who believe in the power of community members helping each other. The program is a charitable entity because of the company's partnership with the St. Louis Community Foundation, a 501(c)3 public charity whose mission is to help organizations, families and businesses put their charitable dollars to work in the community, also referred to herein as the "Foundation.". The program is controlled and administered by the Foundation for the support of eligible employees who apply for support. Though a committee of MOHELA leaders initiated the fund and advise the Foundation, all decisions are determined by the Foundation.

An application does not guarantee grant support. If awarded, the grant support you receive is not considered an employee benefit. Applications are assessed without regard to your work evaluation or position within the company, and will not impact your employment in any way.

Information provided in this application, with the exception of your name and address, will be confidential between you and the Foundation. Your name and address will be provided only to Human Resources to confirm employment.

Your signature below signifies that you understand the paragraphs above, that the annual maximum that you can request is \$1,500, and that, generally, the minimum vendor payment is \$250.

Your signature below also certifies that the information you provided is true and complete, releases the St. Louis Community Foundation and MOHELA from any liability associated with the denial of or funding of this application, and authorizes the Foundation to verify information provided in connection with processing this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Before you submit, complete the Application Checklist for your own peace of mind:**

- I read the requirements and I feel that I qualify
- I emailed [mohelacares@stlgives.org](mailto:mohelacares@stlgives.org) or called 314-588-8200 with any questions I had
- I completed Sections 1, 2 and 3 with all the details requested
- I am enclosing current required documentation for each vendor listed in Section 3. If applicable, I also included documentation of the incident, such as an obituary, police, or fire report, and a completed W-9 for any vendors that are individuals, partnerships, or LLCs.
- I read Section 4 thoroughly, and signed and dated my application
- I am keeping a copy of my application for my files
- I am emailing or mailing my entire application and supporting documentation to the MOHELA Cares Fund at the St. Louis Community Foundation

The **MOHELA Cares Fund**, a component fund of the St. Louis Community Foundation, a 501(c)3 public charity, does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability. The St. Louis Community Foundation is solely responsible for all decisions regarding charitable distributions from the fund.

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Send your completed, signed application with supporting documentation to [mohelacares@stlgives.org](mailto:mohelacares@stlgives.org) or mail to

MOHELA Cares Fund  
St. Louis Community Foundation  
#2 Oak Knoll Park  
St. Louis, MO 63105

If you are applying for rental assistance, please have your landlord fill out and return the following W-9 form to us. We will also need a copy of your lease, or a statement from your landlord, showing the amount due monthly.

## Request for Taxpayer Identification Number and Certification

Give form to the  
 requester. Do not  
 send to the IRS.

|   |  |   |
|---|--|---|
| Print or type<br>See Specific Instructions on page 2. | Name (as shown on your income tax return)  |   |
|   | Business name, if different from above   |   |
|   | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee<br><input type="checkbox"/> Other (see instructions) ▶ |   |
|   | Address (number, street, and apt. or suite no.)  | Requester's name and address (optional) |
|   | City, state, and ZIP code  |   |
| List account number(s) here (optional)                |  |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

|                                |
|--------------------------------|
| Social security number         |
| or                             |
| Employer identification number |

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . .  | THEN the payment is exempt for . . .   |
|--|--|
| Interest and dividend payments   | All exempt payees except for 9   |
| Broker transactions  | Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 5  |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 7 <sup>2</sup>  |

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.