

## We Help Teammates Fund Application

*Please print, fill out, and email or mail to the address at the end of the application*

**The Program:** We Help Teammates Fund assists teammates who are experiencing financial hardship due to a nationally declared disaster or other extreme situation by making grants to help cover basic living needs. Other teammates and your employer make these grants possible.

**Eligibility:** You or your surviving eligible family members, as defined by company handbook, are eligible to apply if you meet all the following conditions:

- You are a full time teammate of etrailer Corporation.
- You have been with the company for the first of the month following 60 days of employment.
- You have experienced financial hardship 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 may also be considered. A qualifying event is:
  - A federally declared natural disaster (flood, earthquake, wildfire, tornado, etc.) that has affected your primary residence.
  - A serious illness or injury (teammate or eligible family member) that affects your ability to pay for basic living expenses.
  - A death (teammate or eligible family members, as defined by the company’s bereavement policy) when loss of income, funeral expenses, or medical expenses not covered by insurance affect your ability to cover basic living expenses.
  - Victim of crime or catastrophic circumstance (fire, robbery, assault, domestic abuse) that affect your ability to cover basic living expenses.

**Grants:** Grant support is limited to up to \$500 annually per teammate.

**Each application must be for a separate and unique qualifying event.**

**Grant checks from the St. Louis Community Foundation will be sent directly to a vendor to cover eligible expenses from a current bill or invoice. No distributions will be made directly to teammates.**

**Application:** To be considered for grant support, complete all four pages of the application and provide requested supporting documentation. Print your name at top of each page. Answering questions completely will help us process your request quickly. Please 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 business days of receipt.

### SECTION 1: INFORMATION ABOUT YOU

Teammate Name (print clearly):			
Permanent Home Address:			
City:		State:	Zip:
Daytime phone: (    )	Other phone: (    )	Email you check regularly, work or home:	
		Have you applied to this program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hire Date:	Job Title:		Work Location:

Teammate Name, printed clearly: \_\_\_\_\_

## SECTION 2: DESCRIBE YOUR SITUATION

Which qualifying incident caused your current financial hardship?

**Natural Disaster**    **Serious Illness or Injury**    **Death in Family**    **Crime or catastrophic 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 hardship:

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

Have social service agency resources been requested or used? If you have already received services, please tell us which organization(s), how they were able to help, and include details of monetary or other support:

Teammate Name, printed clearly: \_\_\_\_\_

### SECTION 3: SPECIFIC REQUEST

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
- home repairs necessary to restore or maintain safety
- funeral expenses for immediate family, as defined by company bereavement policy
- car repair or payments
- furniture, appliances, electronics (only after fire, flood or natural disaster)
- cleaning services (only after fire, flood, or natural disaster)
- internet, cable, or phone payments

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

- reimbursements to teammate or other individual
- legal fees
- credit card debt
- collection agency requests
- student loans or expenses
- home repairs due to negligence or neglect

**Grant Payment:** If an application is approved, payment(s) to the vendor(s) will be made by check and will include the Teammate'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 \$500.

**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:

- Confirmation of your qualifying event.
  - Published obituary or death certificate for death
  - Note from doctor, leave of absence paperwork, for medical bill for injury or illness
  - Fire, police, or other official reports for catastrophic events
- Bill, invoice, lease, mortgage coupon, statement of amount due.
  - Approved travel must be arranged through a Foundation approved agency; applicants cannot be reimbursed.

Vendor Name	
Vendor Mailing Address	
City, State, Zip	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address	
City, State, Zip	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address	
City, State, Zip	Invoice/Bill due date:
Your account number	Payment amount:

Teammate Name, printed clearly: \_\_\_\_\_

#### SECTION 4: THE FINE PRINT

This charitable program was established in 2024 by etrailer Corporation to receive gifts from teammates, 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. The program is controlled and administered by the Community Foundation for the support of eligible teammates who apply for support. Though etrailer Corporation and its leaders initiated the fund and advise the Community Foundation, all decisions are determined by the Community Foundation.

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

This application will be confidential between you and the Community Foundation, although we will verify your employment.

Your signature below signifies that you understand the paragraphs above, that only one application for support can be filed in a calendar year, that the minimum vendor payment is \$250, that the annual maximum that you can request is \$500, and that support may be below this amount.

Your signature below also certifies that the information you provided is true and complete, releases the St. Louis Community Foundation and etrailer Corporation from any liability associated with the denial of or funding of this application, and authorizes the Community 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 [etrailer@stlgives.org](mailto:etrailer@stlgives.org) or called 314-880-4957 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
- 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 [etrailer@stlgives.org](mailto:etrailer@stlgives.org)

The **We Help Teammates 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.

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

We Help Teammates Fund  
#2 Oak Knoll Park  
St. Louis, MO 63105