



For Office Use Only Application number: _____ Revised: 01.02.25
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## Opa! Cares Fund Application

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

**The Program:** Opa! Cares helps team members 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 eligible family member are eligible to apply, if you meet both of the following conditions:

- You are a full time, part time, or hourly team member (not including substitutes) who has been employed with Opa! Food Management for one year.
- 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.
  - An emergent medical injury or illness (team member or eligible family member) that affects your ability to pay for basic living expenses.
  - A death (team member or eligible immediate family members as defined in the team member handbook), when loss of income, funeral expenses, or uninsured medical expenses affect your ability to cover basic living expenses.
  - Catastrophic or criminal circumstances (fire, flooding, robbery, assault, domestic abuse, etc.) that affect your ability to cover basic living expenses.

**Grants:** The maximum 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 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.

**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 [opaacares@stlgives.org](mailto:opaacares@stlgives.org) or mail to:

Opa! Cares  
St. Louis Community Foundation  
#2 Oak Knoll Park  
St. Louis, MO 63105

### SECTION 1: INFORMATION ABOUT YOU

Team Member 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:		Team member ID#:

Team Member Name, printed clearly: \_\_\_\_\_

**SECTION 2: DESCRIBE YOUR SITUATION**

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:

Team Member 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
- funeral expenses for immediate family
- car repair or car payments

See Grant Documentation below for more detail.

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

- reimbursements to team member or other individual
- legal fees
- credit card debt
- counseling
- appliances, electronics
- collection agency requests
- student loans or expenses
- 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 team member'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 maximum is \$1,500. We cannot make payments or reimbursements to an 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 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

Team Member Name, printed clearly: \_\_\_\_\_

This charitable program was established in 2019 by Opa! Food Management to receive gifts from team members, 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 Foundation for the support of eligible team members who apply for support. Though a committee of Opa! Food Management leaders initiated the fund and advises 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 team member 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 Community 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 \$1,000, 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 Opa! Food Management 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 [opaacares@stlgives.org](mailto:opaacares@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 the Opa! Cares Fund at the St. Louis Community Foundation

The **Opa! 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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