Watlow Team Members Care Application

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

The Program: The Watlow Team Members Care Fund 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 have been employed as a team member of Watlow in the United States for 30 days
- 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 (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), 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.

Grants: The maximum annual support from the fund is $3,000; 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 a team member.

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 watlow@stlgives.org or mail to:

Watlow Team Members Care
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: ☐ Phone ☐ Email ☐ US Mail		Have you applied to this program before? ☐Yes ☐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:

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:

Your church, the American Red Cross, Salvation Army, FEMA, and other local agencies may also be able to help

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

See Grant Documentation below for more detail.

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

- reimbursements to team members or other individual
- legal fees
- credit card debt
- cable, phone or internet
- car repair or car payments
- travel
- appliances, electronics
- collection agency requests
- student loans or expenses
- internet/phone
- 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 annual maximum is $3,000. We cannot make payments or reimbursements to a team member.

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.
- A medical report, doctor's note, or itemized medical bill for medical events.
- 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:

Team Member Name, printed clearly: _____

SECTION 4: THE FINE PRINT

This charitable program was established in 2019 by Watlow 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 Watlow 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 a 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 $3,000, 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 Watlow 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 watlow@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, fire, or medical 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 Watlow Team Members Care Fund at the St. Louis Community Foundation

The **Watlow Team Members Care 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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Watlow Team Members Care Fund
St. Louis Community Foundation
#2 Oak Knoll Park
St. Louis, MO 63105