Caring Fund
for Associates of Core & Main

ST. LOUIS COMMUNITY FOUNDATION

Core & Main Caring Fund Application

The Program: The Core & Main Caring Fund helps associates who are experiencing a financial burden due to a disaster or other extreme situation by making grant payments to vendors on their behalf to help cover basic living needs. Both Core & Main and its associates 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 permanent full or part-time associate (interns, temporary and/or contract workers are not eligible to apply) who has been employed with Core & Main for 90 days
- You have experienced a 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 (associate or eligible family member) that affects your ability to pay for basic living expenses.
  - A death (associate or eligible immediate family members as defined in the associate 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 $5,000, and all requests must be received with the application; in general, the minimum payment to a vendor is $250.

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 team members.

Application: To be considered for grant support, complete all four pages of the application. 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.

SECTION 1: INFORMATION ABOUT YOU

Associate Name (print clearly):			
Permanent Home Address:			
City:		State:	Zip:
Daytime phone:	Other phone:	Email :	
Have you applied to this program before? ☐Yes ☐No		Work Location (City, State, Zip):	
Hire Date:	Job Title:		Associate ID#:

Associate 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.

Associate Name, printed clearly: _____

SECTION 3: SPECIFIC REQUEST

If you've experienced a qualifying event, 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

Premiums – this fund cannot pay any sort of insurance premiums.
Deductible – this fund can pay expenses that can be used to meet your deductible, but the payment must go to the service provider, not the insurance company.
EXAMPLE: Your roof is damaged in a storm. You reach out to your insurance company, and they tell you that your deductible is $5000; this means that you must pay the first $5000 of the roofing bill, and then the insurance company will pay the rest. You may apply and ask us to pay towards that $5000, but we would pay the roofing company, not the insurance company.

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

- reimbursements to associate or other individual
- legal fees
- credit card debt
- counseling
- internet, cable or phone charges
- 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 associate'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 $5,000.

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 Code:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

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

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

Associate Name, printed clearly: _____

SECTION 4: THE FINE PRINT

This charitable program was established in 2019 by Core & Main to receive gifts from associates, 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 associates who apply for support. Though a committee of Core & Main 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 associate 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 $5,000 and that all bills must be submitted at the time of application, 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 Core & Main 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 emailed coreandmain@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.
- ☐ I am also including 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 coreandmain@stlgives.org

The **Core & Main Caring 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 coreandmain@stlgives.org
or mail to:

Core & Main Caring Fund
St. Louis Community Foundation
#2 Oak Knoll Park
St. Louis, MO 63105