



**RAE FAMILY FOUNDATION
EMERGENCY RELIEF FUND APPLICATION**

Grants will provide short-term assistance to RAE Corporation employees and leased employees experiencing severe financial need due to unexpected and unavoidable emergencies. Applicants must have been employed by or worked for the company for at least three (3) months. Limit of two (2) grants for assistance per calendar year and four (4) grants per employee and his/her family per lifetime at company. After receiving two grants, an employee is required to complete a budgeting/credit counseling session before another application will be considered. After receiving 3 grants, an employee is required to attend a 3-session financial education course before another application will be considered. Tulsa Community Foundation (TCF) will automatically send you information about these courses if you have previously received two or more grants, OR contact TCF in advance of submitting an application for information, emergency@tulsacf.org.

Please type or print legibly so TCF may contact you for any additional information needed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employee ID#: _____ Total in Household: _____

Home Phone #: _____ Cell Phone #: _____

Best time of day to call: _____ E-mail Address: _____

WHAT ASSISTANCE DO YOU NEED? Please describe, in detail, your specific financial needs (i.e. assistance with water, gas, electric bills, rent/mortgage.) You must attach copies of bills that you need assistance with.

Amount Requested: \$ _____

Please list ANY other assistance you are receiving. (Red Cross Salvation Army, food pantry, friends/family, etc.)

WHAT IS YOUR EMERGENCY? Please identify the unexpected and unavoidable situation that has created a financial hardship by selecting from the options below. **Use the next page to describe the situation in detail.**

(Refer to the bottom of page 2 for further explanation of eligible events.)

Attach required supporting documents as described below. Additional documentation may be requested.

- Medical Emergency: Up to \$2,000**
 - Unexpected Medical Bill(s)*
 - o If **UNPAID**: Attach copies of unpaid medical bill(s)
 - o If **PAID** and now need assistance with other bills: Attach documentation that verifies you have paid the unexpected medical bill(s).
- Personal Emergency: Up to \$1,000**
 - Emergency Home Repairs*
 - o If **UNPAID**: Attach repair estimates that show balance due to vender, and documentation of home ownership
 - o If **PAID** and now need assistance with other bills: Attach documentation verifying you have paid for the repairs and documentation of home ownership.
 - Non-Routine Vehicle Repairs*
 - o If **UNPAID**: Attach vehicle repair bills that show balance due to repair shop, and copy of vehicle title
 - o If **PAID** and now need assistance with other bills: Attach documentation verifying you have paid for the vehicle repairs and a copy of the vehicle title.
 - Other:*
 - o Please describe in the space provided on the next page.
- Military Deployment: Up to \$500**
Attach Military-issued deployment orders and proof of financial hardship.
- Funeral Expenses: Up to \$500**
 - o If **UNPAID**: Attach copy of death certificate, statement from funeral home indicating financial responsibility of employee, and copy of funeral bill
 - o If **PAID** and now need assistance with other bills: Attach all of the above along with receipt for payment of funeral services.
- Emergency Travel: Up to \$500**
 - o If **UNPAID**: Attach statement from physician regarding either terminal/critical status of immediate family member or need to go to or be transferred to an out-of-state medical facility or hospice
 - o If **PAID** and now need assistance with other bills: Attach all of the above and include travel receipts (lodging and transportation only).
- Natural Disaster/Catastrophe: Up to \$1,500**
Attach photograph of damaged residence; fire, police, or insurance report/claim; If **renter** include copy of property lease. If **homeowner** include proof of ownership.

Note: Program guidelines restrict assistance to employees experiencing severe financial need due to specific unexpected emergencies which can be documented. While all emergencies and financial hardships are unfortunate, incidents outside of program guidelines cannot be approved.



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IN THE SPACE BELOW PLEASE PROVIDE A DETAILED DESCRIPTION OF THE EMERGENCY SITUATION THAT CREATED THE FINANCIAL HARDSHIP.

DECLARATION:

By signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information is true and correct. Additionally, I authorize RAE Corp to disclose any confidential and/or financial information to the Application Review Committee at Tulsa Community Foundation (TCF) as it pertains to the above emergency. I further authorize TCF to disclose any confidential and/or financial information to other community resources to determine if I am eligible to receive assistance.

Signature: _____ Date: _____

**Mail, fax, email or hand deliver completed application to Tulsa Community Foundation:
7030 South Yale Avenue – Suite 600 – Tulsa, OK – 74136
Fax: (918) 856-3537 Email: emergency@tulsacf.org**

If you have not received a response to your application within five (5) business days or if your needs require immediate attention (24 hours), please contact Tulsa Community Foundation at (918) 591-2427 or emergency@tulsacf.org.

NOTE: For all approved requests, TCF will make check(s) payable to the organizations/vendors whose services you require or have utilized (funeral home, mortgage company, utility company, hotel, etc.), but will mail the check(s) directly to you. In the event of extenuating circumstances, the Application Review Committee reserves the right to grant additional funds above and beyond the maximum allowable amounts.

**IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED,
YOU MUST ATTACH SUPPORTING DOCUMENTATION.**

EVENTS ELIGIBLE FOR ASSISTANCE:

Medical Emergency: Employees who have encountered financial hardships due to medical bills beyond their control (illness, injury, etc.).

Personal Emergency: Employees who have encountered financial hardships for reasons beyond their control (spouse loss of job, non-routine vehicle repair, unexpected loss of income, etc.). Items that Will Not be Considered: Phone bills; cable/internet bills; credit card debt; other discretionary or elective bills; bills related to routine vehicle repairs; child support; expenses resulting from divorce or separation; attorney fees; unpaid hours for any reason; or garnishments of an employee’s paycheck due to past debt.

Military Deployment: To assist a team member when they or their spouse have been called to active duty.

Funeral Expense: Available to assist those who have incurred the loss of an immediate family member*, if the employee is financially responsible for funeral arrangements.

Emergency Travel: Employees who must travel to care for a terminally ill immediate family member* or escort a critically ill immediate family member to an out-of-state medical facility.

Home Catastrophe or Natural Disaster: Employee’s personal residence destroyed or rendered unlivable by a natural or localized disaster (hurricane, fire, flood, tornado, mudslide, etc.) Items that Will Not be Considered: Insurance co-pays and deductibles; non-necessities such as electronics, boats, and recreation vehicles; or down payments on new/used cars.

* Immediate Family Defined: Spouse; brother/sister; children; step-children; grandchildren; parents; step-parents; grandparents; mother/father-in-law; son/daughter-in-law only.