



STAKEHOLDER EMERGENCY FUND

Grants provide short-term assistance to team members experiencing severe financial need due to unexpected and unavoidable emergencies. To be eligible applicants must be: employed by NORDAM working and residing in the U.S.; regularly scheduled to work 20 or more hours per week; satisfactorily completed the new stakeholder 90 day probationary period; and actively employed or on an approved leave of absence for no more than one year. In the case of death of the employee, eligible dependents may apply. **Eligible applicants may receive one grant for assistance within a twelve-month period.**

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.

☐ **Natural Disaster/Catastrophe: Up to \$1,000**

- Attach photograph of damaged residence; and fire, police, or insurance report/claim. If renter include copy of property lease. If homeowner include proof of home ownership.

☐ **Other Emergency: Up to \$1,000** (select one of the following)

☐ **Unexpected Medical Bill(s)**

- If UNPAID: Attach copies of unpaid medical bill(s)
- If PAID and now need assistance with other bills: Attach documentation that verifies you have paid the unexpected medical bill(s).

☐ **Spouse's Unexpected Loss of Employment**

- Attach documentation of loss of income (i.e. paystubs) and documentation identifying loss of job was not result of actions or decisions of employee (i.e. letter from former employer).

☐ **Emergency Home Repairs**

- If UNPAID: Attach repair estimates that show balance due to vender, and documentation of home ownership.
- If PAID and now need assistance with other bills: Attach documentation verifying you have paid for the repairs, and documentation of home ownership.

☐ **Funeral Expenses**

- If UNPAID: Attach copy of death certificate, statement from funeral home indicating financial responsibility of employee, and copy of funeral bill.
- If PAID and now need assistance with other bills: Attach all of the above along and receipt for payment of funeral services.

☐ **Emergency Travel**

- 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.
- If PAID and now need assistance with other bills: Attach all of the above and include travel receipts (lodging and transportation only).

☐ **Other:**

- Please describe in the space provided on the next page, and attach documentation of the emergency situation.



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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 NORDAM 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
tulsacf.org/nordam***

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 email.

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.**

EXAMPLES OF EVENTS ELIGIBLE FOR ASSISTANCE:

Eligible Emergencies: Employees who have encountered financial hardships for reasons beyond their control.

- Spouse loss of job, illness, injury, unexpected loss of income, etc.
- 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 visit or care for a terminally ill immediate family member* or escort a critically ill immediate family member to an out-of-state medical facility.

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; or garnishments of an employee's paycheck due to past debt.

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; 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.