



Application Prep Pack

This packet contains information needed to apply for the BGC Partners Care Fund-UW. This is NOT the application.

Before beginning the application process:

- Review enclosed information
- Complete the enclosed forms
- Collect required supporting documentation
- Work with your Store Director or Department Director or Officer to complete the application and submit packet
- Contact the Partners Care Fund-UW administrators with questions

BGC PARTNERS CARE FUND

Direct Grant Application Prep Pack

The chart shown below lists the basic criteria for a BGC Partners Care Fund-UW Direct Grant. This is the simplest way to determine whether your hardship qualifies for a Direct Grant. The criteria and Direct Grant **ONLY** applies to a partner, their spouse or legal dependents. If your particular situation or circumstances are not in this chart, you probably will not qualify to receive assistance through a Direct Grant.

Direct Grants are applicable only when there is an exhibited financial need. It is possible to have a qualifying event AND a qualifying expense and still not meet the eligibility for a Direct Grant because you have the financial means to pay the expense you are requesting assistance with. You should direct additional questions to BGC Partners Care Fund-UW to lgardner@uwtyler.org or BGC's Benefits department.

Qualifying Event	Qualifying Expense Caused by Qualifying Event
<p>SERIOUS ILLNESS OR INJURY Recent serious illness or injury of the partner, spouse, minor child or legal dependent, typically within the past 90 days</p>	<ul style="list-style-type: none"> • Past due rent or mortgage • Past due property taxes with pending foreclosure • Past due basic utilities • Necessary home modifications to make home handicap-accessible • Required Supporting Documentation listed in following section
<p>DEATH Recent death of the partner or immediate family member living in the same household, typically within the past 90 days.</p>	<ul style="list-style-type: none"> • <u>Essential</u> funeral expenses for deceased partner, spouse, minor child or legal dependent ONLY. Most recent income tax return listing deceased as a dependent is required • Past due rent or mortgage • Past due property taxes with pending foreclosure • Past due basic utilities • Travel expenses to funeral for parent, sibling, child ONLY*** • Required Supporting Documentation listed in following section

BGC PARTNERS CARE FUND

Qualifying Event	Qualifying Expense Caused by Qualifying Event
<p>NATURAL DISASTER OR FIRE These include hurricane, tornado, flood, ice/wind storm affecting partner’s primary residence.</p>	<ul style="list-style-type: none"> • Security deposit to move into a new residence • Utility deposit to connect basic utilities at a new residence • Uninsured/under-insured necessary home repairs • Homeowners’ insurance deductibles* • Past due rent or mortgage • Past due basic utilities • Past due property taxes with pending foreclosure • Food** • Clothing** • Required Supporting Documentation listed in following section.
<p>OTHER Discretionary assistance, up to a maximum of \$2,000 per partner, may be considered for critical circumstances.**** An example would include relocation assistance for a partner permanently leaving a domestic abuse situation, with proof of official police report and restraining order. The combined total of discretionary grants for a given year may not exceed 20% of the Fund balance for that year.</p>	

While the qualifiers for events and expenses will serve as a guide, assistance is never guaranteed. A completed application does not guarantee assistance will be awarded. Partners will be required to provide a significant degree of supporting documentation before assistance is considered. All applications will be carefully vetted to ensure partners’ donations to the BGC Partners Care Fund-UW are awarded responsibly. The United Way of Smith County, a 501 (c) 3 nonprofit, will administer the Fund according to the BGC Partners Care Fund guidelines approved by the Company.

* Covered only after demonstrated need. Direct Grant maximum: up to \$5,000 based on volume of contributions and requests for assistance.
 ** Food and clothing may be considered under all eligible circumstances, but eligibility will be determined on a case-by-case basis.
 *** Airfare, train fare, bus fare, mileage per diem for travel over 200 miles one-way.
 **** A partner must be currently employed by Brookshire Grocery Company at the time of qualifying incident, when application is submitted/received, and when assistance is provided by the Fund.
 ***** For circumstances that fall outside of stated guidelines, a request for review must be submitted for consideration of discretionary assistance.

Direct Grant Application Prep Pack

Information necessary to complete a Direct Grant application

To ensure prompt processing of a Direct Grant, you must have all of the required documents before your Director or Officer begins working with you to apply. The application is not complete until all supporting documentation is received by the BGC Partners Care Fund-UW administration team.

ALL APPLICATIONS REQUIRE:

1. Financial Worksheet (included in packet)
2. Copies of bills for which partner is seeking assistance, for example:
 - Past Due rent/mortgage statement
 - Past due basic utilities (electric, gas, water/sewer only)
 - Funeral expense statement
3. Proof of qualifying event causing the financial need, for instance:
 - Doctor's note/LOA
 - Fire/police report
4. Fax Coversheet for Direct Grant (included in packet)

Other documentation is required to complete the application. This list is in no way a comprehensive list of documents required. Below is a list of basic requirements based on the qualifying event. However, once the application has been received, additional information not included on this list may be required. BGC Partners Care Fund-UW will inform the applicant and their Director or Officer via email and phone to request additional information. Prompt attention to the request for additional information is appreciated and will allow the application process to continue.

- Partners seeking help with establishing a new or temporary residence must submit a “New Landlord Statement/Temporary Hotel Statement (included in packet).
 - This document applies to partners requesting assistance with moving costs into a new rental residence OR with a temporary hotel stay due to a qualifying event.
- Partners seeking help with past due rent, mortgage or basic utilities are **REQUIRED** to submit copies of these past due bills.
 - ORIGINAL documents are required.

BGC PARTNERS CARE FUND

- **Serious illness or injury** - Partners seeking assistance based on an illness or injury are REQUIRED to provide documentation of the medical circumstance. This can be documented in the following ways:
 - If a partner has successfully completed and submitted a Medical LOA form or FMLA form to BGC's Human Resources department, the BGC Partners Care Fund administrators should be able to see that documentation through Human Resources records.
 - If a partner DID NOT successfully complete and submit a Medical LOA form or FMLA form to HR, documentation of the dates the partner was unable to work must be provided through a doctor's note. Otherwise, proof of the medical expenses paid must be provided through PAID medical receipts (NOT medical bills/statements) or documentation of UNPAID time off from work due to medical reasons.

NOTE: BGC Partners Care Fund does not require details on diagnosis. We simply need appropriate documentation noting the partner is unable to work during a particular time-frame based on professional medical instruction.

- **Death** - Partners seeking assistance with funeral expenses are REQUIRED to submit a copy of the itemized funeral expense statement.
 - Partners seeking help with transportation costs to travel to a funeral of a parent, child or sibling must provide proof of the death of their relative (death certificate, obituary, etc.), as well as proof of the cost of transportation to/from the funeral.
- **Natural Disaster** - Partners seeking assistance due to a natural disaster are REQUIRED to submit proof of the natural disaster (e.g., insurance report, insurance documents).
 - A partner who needs help covering the cost of repairs MUST PROVIDE proof of the amount needed to make repairs (e.g., contractor's quote) and insurance decision (e.g., amount awarded by insurance or denial of coverage).
- **Fire** - Partners seeking help due to a fire are REQUIRED to submit a fire report or insurance documents supporting the incident.
 - If the partner is seeking help paying for repairs, they MUST PROVIDE proof of the amount needed to make repairs (e.g., contractor's quote) and insurance decision (e.g., amount awarded by insurance or denial of coverage).
 - If the partner is seeking help with paying the insurance deductible, they MUST PROVIDE proof of the amount of the deductible (e.g., letter from insurance company, current insurance declaration page).

While the qualifiers for events and expenses will serve as a guide, assistance is never guaranteed. A completed application does not guarantee assistance will be awarded. Partners will be required to provide a significant degree of supporting documentation before assistance will be considered. All applications will be carefully vetted to ensure partners' donations to the BGC Partners Care Fund are awarded responsibly. The United Way of Smith County, a 501 (c) 3 nonprofit, will administer the Fund according to the BGC Partners Care Fund guidelines approved by the Company.

**PARTNERS CARE FUND
FINANCIAL WORKSHEET**

(Must be completed for **all** Direct Grant applications)

Partner Name: _____
Partner ID #: _____ Store #/Dept. _____

***** This IS NOT the Direct Grant application. Partner with a Store Director, Corporate Department Director or above in order to complete the electronic application. *****

The BGC Partners Care Fund reviews a partner's complete financial picture to help us better understand and appreciate the partner's circumstances. Before receiving a grant, a partner must show that he or she can afford their bills going forward. **Please complete ACCURATELY and in its entirety to avoid delays in processing.**

How many people live in the partner's household (including partner)? _____ Adult(s) _____ Child(ren)

Name	Relationship	Age	Monetary Contributor?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Your MONTHLY Household Income:	Gross Monthly Income	
Partner's Monthly Gross (Pre-tax) Pay	\$	
Spouse's Monthly Gross (Pre-tax) Pay	\$	
Contributions From Other Adults In Household	\$	
Child Support and Alimony Received	\$	
Disability Insurance	\$	
Social Security/Pension	\$	
Income from TANF or SNAP (circle all that apply)	\$	
Other Income	\$	
Total	\$	
Your MONTHLY Debt Payment:		Monthly Debt
Car Loans		\$
Credit Cards, Student or Personal Loans (circle all that apply)		\$
Child Support and Alimony Paid		\$
Medical Bills (monthly payments ONLY)		\$
Other (gasoline, auto insurance, church, etc.)		\$
Total		\$
Your MONTHLY Living Expenses:	Monthly Expenses (full amount)	Monthly Expenses (Partner's share)
Current or Proposed Rent/Mortgage (in designated field, provide partner's share if split with other household members)	\$	\$
Basic Utilities (electricity, natural gas, water/sanitation)	\$	\$
Homeowners Association fees or property taxes (if not a part of mortgage payments)	\$	\$
Food	\$	\$
Prescriptions /medical co-pays	\$	\$
Other (cell phone, cable, daycare/tuition, clothing, etc.)	\$	\$
Total	\$	\$

Your application IS NOT complete without our receipt of ALL relevant supporting documentation (copies of past due rent, basic utilities, etc...). See our website at UWSmithCounty.org/BGC-Partners-Home for a complete list of required documents.

NEW LANDLORD or TEMPORARY HOUSING STATEMENT



This form is required for all applications requesting assistance with moving into a new apartment/rental home or hotel/motel. Please have your potential landlord or apartment complex manager complete this form. You may also provide a similar statement on your landlord's letterhead with the appropriate information.

PARTNER INFORMATION

Partner Name: _____ Store # or Corporate Department _____

If requesting a hotel for temporary shelter, how long will you need the room? _____

I certify that I have applied for and been approved to move into the property listed below.

_____/_____/_____
Partner's Signature **Date**

APARTMENT/LANDLORD INFORMATION (for permanent residence)

Apartment Complex Name or Landlord's Name (please print): _____

Apartment/Rental Home Address: _____

Apartment Complex or Landlord's Phone Number : (_____) _____ - _____ Anticipated move-in date: ____/____/____

Apartment	
<input type="checkbox"/> 1 bedroom	<input type="checkbox"/> 3 bedrooms
<input type="checkbox"/> 2 bedrooms	<input type="checkbox"/> 4+ bedrooms

Rental House	
<input type="checkbox"/> 1 bedroom	<input type="checkbox"/> 3 bedrooms
<input type="checkbox"/> 2 bedrooms	<input type="checkbox"/> 4+ bedrooms

Total Amount Needed to Occupy Property:

\$ _____ security deposit
 \$ _____ 1st month's rent
 \$ _____ pet deposits
 \$ _____ other deposits (deposit covers _____)
 \$ _____ **TOTAL**

Names on lease and other residents:

Has the partner been approved to move in to this property? Yes No

Has the apartment Complex/Landlord received the security deposit? Yes No

Apartment Complex/Landlord accepts: 3rd party business check certified check money order

All checks for rent and security deposit are made payable to the landlord or apartment complex ONLY.

Please make all checks payable to: _____

_____/_____/_____
Landlord/Complex Manager's Signature **Date**

HOTEL INFORMATION (for temporary residence)

Hotel/Motel's Name (please print): _____

Hotel/Motel's Address: _____

Daily Rate: \$ _____ Weekly Rate: \$ _____ 31-days: \$ _____ Phone #: (_____) _____ - _____

Hotel/Motel accepts (credit card IS NOT an option): 3rd party business check certified check money order

_____/_____/_____
Hotel/Motel Manager's Name (print name) **Hotel/Motel Manager's Signature** **Date**



PARTNER'S PERSONAL STATEMENT

Provide details on the events that have led to the request for BGC Partners Care Fund assistance. Also, be clear about the expenses for which you are seeking help. A transparent picture of the events and the resulting expense(s) will reduce questions and help process your request quicker. Add as many pages as necessary to provide a distinct summary of the current hardship.

FOR WHAT EXPENSE(S) ARE YOU SEEKING ASSISTANCE (i.e., past due rent, utilities, funeral expenses, etc.)?

WHAT EVENT(S) TOOK PLACE TO CAUSE YOUR INABILITY TO PAY THIS EXPENSE(S)?
