



# Employee Emergency Fund Program

The Employee Emergency Fund Program is designed to provide limited financial assistance to eligible employees who are experiencing economic hardship due to certain emergency situations.

Situations should be short-term or temporary in nature, and not chronic. A temporary financial hardship is one caused by a defined, time-limited, specific event such as fire, natural disaster (flood, hurricane, etc.), serious extended illness or injury, disability, or death in immediate family. “Temporary” means that you were able to manage your finances before but are now several hundred dollars in debt and, with these funds, could regain your financial stability within a couple of months. Employees with long-term financial problems that do not meet the temporary hardship requirement will be referred to the Employee Assistance Program (EAP). The MRMC Foundation Employee Emergency Fund committee of three board members, the MRMC Human Resources Director and MRMC Foundation Executive Director will review the request and make a determination within two weeks or sooner depending on the circumstances. The employee will then be notified of the decision by the MRMC Human Resource Director. All requests will be kept confidential.

All awards will be treated as taxable income and Form 1099's will be mailed to recipient no later than January 31<sup>st</sup> of each calendar year. . The maximum amount allowed may be up to \$1,000.00, unless otherwise determined by the Committee and based on funds available. The maximum amount may be increased given extenuating circumstances or if additional funds become available. All awards are subject to the availability of funds and extent of need. Because the Fund is supported by donations, there is no guarantee that there will be available funds at a given time. No award shall be given if the fund balance is less than \$500.

Approval of an application can be either partially or fully funded depending on the situation. Employees are not required to pay back a grant; however, they are encouraged to do so, since this will help replenish the fund for future requests. **If the grant is paid back, it will be treated as a charitable contribution and may be deductible for tax purposes.**

The Employee Emergency Fund is currently funded through a Donor Advised Fund administered by the Matagorda Regional Medical Center Foundation. Other sources of funding will be looked at to help support the program if necessary.

All decisions made by the MRMC Foundation Employee Emergency Fund Committee are final. No appeals process is available.

## Eligibility Criteria

- Employees must have worked for the Matagorda County Hospital District for ninety days or longer
- Full-time or part-time ongoing employees paid on an hourly or salaried basis

## How to Apply

1. **Request and complete a grant application.** You can obtain an application by contacting the MRMC Human Resource Director, Extension 5540. Applications are also available on the website, [www.matagordaregional.org](http://www.matagordaregional.org)
2. A grant application must be completed in order to be considered for financial assistance. Documentation must also be attached to the application upon submitting for review. Financial disclosure is a requirement. Incomplete applications will be returned, which can cause delays.
3. The completed application and attached documentation should be sent to "HR-Department Director" in Human Resources, marked "Confidential". Applications and documentation will be forwarded onto the Employee Emergency Fund Committee for review. Information provided by applicants will be treated as confidential and shared only with individuals directly involved in award administration and payment processing.
4. The Committee will review the application and make a determination within two weeks upon receiving the application. In cases of dire emergencies, the Committee will try to make a decision within 72 hours. If additional information is required, the employee will be contacted by the MRMC Human Resource Director. Once a decision has been reached, the employee will be notified as soon as possible; first by phone, then by letter.

If the application has been approved, a check will be mailed to the grant recipient or designate as soon as possible. For more information please contact MRMC Human Resources at 979-241-5540.



# Employee Emergency Fund Program Application

Please print out this form, complete and send to **Human Resources Director, marked Confidential.**

Please refer to the [Employee Emergency Fund Program](#) for further information.

<b>Date:</b>	<b>Name:</b>
<b>Address:</b>	
<b>Social Security Number:</b> (for ID purposes)	<b>Employee Number:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Current Job/Position:</b>	<b>Gross Salary:</b>
<b>Please check one</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<b>Please check one</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
<b>Amount Requested: \$</b>	
<b>Please answer the following questions completely.</b> All information given will be confidential. Financial disclosure is required. (If additional space is needed, use a blank sheet and attach to the application)	
<b>1. What is the purpose of this request? Describe the circumstances that led to the emergency.</b>    	
<b>2. How will the award be spent? Please be specific.</b>    	



**3. When do you need the award?**

**4. Have you used up significant portions of existing assets to meet this emergency? Please describe.**

**5. Have you ever applied for an award from this fund before? If so, when and what was the result?**

**6. If not awarded, what are the alternatives to meet the emergency? Please describe.**

**7. Other comments/information that would be helpful in reviewing this application? Please provide any additional information to help the committee make a recommendation. This area is not required, however, the better the committee understands the events that have occurred, the better they will be able to evaluate your request.**

**8. Will any of these expenses be covered by insurance? Please list coverage and deductibles.**

I certify that the information provided in this grant application is true and correct to the best of my knowledge. Any intentional misrepresentation of information contained in this application will result in forfeiting this and any future grant application. I authorize the Committee administering this program to verify my employment earnings



records, bank accounts, and any other assets needed to process my grant application. Furthermore, I understand that any grant I receive from this program will be treated as taxable income.

\_\_\_\_ I understand that the Employee Emergency Fund Committee will take reasonable measures to protect my privacy. However, I understand that my anonymity cannot be guaranteed.

\_\_\_\_ I understand that funds may not be available at this time, and that my application does not guarantee approval of funds.

\_\_\_\_ I have provided supporting documentation and agree to provide additional information that may be requested by the Employee Emergency Fund Committee.

**Signature:**

**Date:**

**For Committee Use Only**

**Grant Approval:**

Yes

No

**Reason:**

**Amount Approved: \$**

**Make Check Payable To:**

