

**The Community Foundation of Middle Tennessee**  
**The A.O. Smith Employee Care Fund**

**APPLICATION FOR ASSISTANCE**

**THE PROGRAM:** The A.O. Smith Employee Care Fund helps employees or eligible dependents who have experienced a natural disaster, resulting in serious economic hardship, and who are unable to afford housing, utilities, or other basic living needs.

**ELIGIBILITY:** All A.O. Smith employees who are 1) regularly scheduled to work 20 or more hours per week; 2) working and residing in the U.S.; 3) employed by A.O. Smith or its subsidiaries for at least 90 days prior to this application; and 4) actively employed or on an approved leave of absence are eligible. In the case of the death of the employee, a spouse or eligible dependent may apply. **An employee can only be approved for assistance once within a twelve-month period.**

**GRANTS:** The maximum grant amount varies and is based on each applicant's demonstrated financial impact and resulting need. No set amount is guaranteed, as every application is evaluated on an individual basis. All payments are made directly to vendors as bill payments; no assistance funds will be sent directly to applicants.

*Community Foundation staff is available to assist all applicants in this process. Call 615-321-4939 ext. 115 with questions.*

**SECTION A: WILL YOU QUALIFY?**

**To qualify for this program and receive assistance you must meet all four of these requirements:**

- 1) You must meet the A.O. Smith Employee Care Fund employment requirement outlined above.
- 2) You must have experienced a **natural disaster** within the past 60 days.
- 3) You must be experiencing serious financial hardship that affects your ability to pay for basic living needs.
- 4) The financial hardship MUST have been caused by the natural disaster.

**Natural Disaster:** For situations such as flood, tornado, hurricane, severe storms, or earthquake, that have damaged or destroyed the employee's primary residence or many of its essential contents. The Fund cannot pay to repair other property, such as storage buildings, carports, garages, decks, fencing, or vehicles. It also cannot pay to replace non-essential items, such as electronics, furniture or lawn equipment. *Photographs, insurance reports, or other documentation will be required.*

**SECTION B: YOUR GENERAL INFORMATION**

Applicant Name (please print clearly): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County/Parish: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Current Mailing Address (if different from above):** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **\*\* Approval notification is sent to you by mail, so please provide a valid mailing address \*\***

Where are you employed? \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**SECTION C: DESCRIBE YOUR SITUATION**

Type of disaster: \_\_\_\_\_ Date: \_\_\_\_\_  
**(tornado, flood, hurricane, earthquake, etc...)** **(must have been within past 60 days)**

How many people live in your household (including you)? Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Will insurance cover part of the cost? \_\_\_\_\_ If so, what is your deductible amount? \_\_\_\_\_

Have you worked with other agencies like FEMA, American Red Cross or Salvation Army? Please describe those efforts:

\_\_\_\_\_  
\_\_\_\_\_

Employee Name (please print clearly): \_\_\_\_\_

List and describe the damage caused to your home and/or its contents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You must provide documentation of the damage sustained from the disaster by sending photographs, an insurance report or a FEMA assessment.** If, for some reason, you cannot provide these or you need help knowing what type of documentation is required for your situation, call 615-321-4939. If you are faxing your application, please send any photographs to us by mail or by email: [mail@cfmt.org](mailto:mail@cfmt.org). Be sure to include both your name and "A.O. Smith Employee Care Fund" in any correspondence that is sent in separately from your application.

Describe how this disaster has caused your financial crisis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us anything else that would help in understanding your circumstances. **If the application is being completed by someone other than the employee (due to death or severe injury), please provide a contact name and information.**

\_\_\_\_\_

\_\_\_\_\_

## SECTION D: ASSISTANCE GRANTS

**Grants are only to help pay for limited types of essential living expenses, which are:**

- Rent, mortgage or other housing payments
- Temporary housing and security deposits for new housing
- Essential utility bills (electricity, heat, water, etc.)
- Medical, not eligible for reimbursement or covered by insurance
- Minor home repairs needed to maintain home safety
- Travel for minor children required to relocate following the death of parent/guardian

**Grants cannot be made to pay for other expenses such as:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Legal fees</li><li>• Insurance premiums or deductibles</li><li>• Non-essential utilities (cable, phone, internet, etc.)</li><li>• Car payments or repairs</li></ul> | <ul style="list-style-type: none"><li>• Furniture, appliances, or electronics</li><li>• Funeral expenses or grave markers</li><li>• Accumulated financial issues or credit card debt</li><li>• Accidental damages due to negligence</li></ul> |
|---|---|

First, determine which of your basic living expenses might qualify. In order to receive payment assistance, you will need to provide complete payment information for any qualified bills by completing **Section E: Requesting Payment Assistance** on page 3. For each payment request (vendor), you must also include documentation; examples are: utility bills, repair invoices, your lease, or a mortgage payment coupon. Call 615-321-4939 for help understanding what type of documentation will be required for your situation.

If your application is approved, The Community Foundation of Middle Tennessee will make the bill payment(s) in the form of check(s) payable to the vendor(s) based on the information provided in **Section E**. Once payments have been sent, you will be notified of the payment(s) by a letter from The Community Foundation, sent to the mailing address you have provided. **All grants are made directly to vendors (utility companies, rental company, mortgage holder, repair company, etc...) as bill payments; no assistance funds will be sent directly to applicants.**

*NOTE : We cannot make payments without clear, complete information, including full account numbers, and documentation (copies of bills). Omitting any of these will delay your application.*

Employee Name (please print clearly): \_\_\_\_\_

**SECTION E: REQUESTING PAYMENT ASSISTANCE**

Below, fill in the name of the vendor, the complete address, the account number (when relevant), amount due, and due date. Remember the maximum grant amount varies and is based on each applicant's demonstrated financial impact. **For each vendor, attach appropriate documentation (bills, lease, mortgage coupon, statement, etc).**

<b>Vendor Name</b>	
<b>Vendor Address</b>	
<b>Basic Need Covered</b>	
<b>Payment &amp; Due Date</b>	
<b>Account Number</b>	

<b>Vendor Name</b>	
<b>Vendor Address</b>	
<b>Basic Need Covered</b>	
<b>Payment &amp; Due Date</b>	
<b>Account Number</b>	

<b>Vendor Name</b>	
<b>Vendor Address</b>	
<b>Basic Need Covered</b>	
<b>Payment &amp; Due Date</b>	
<b>Account Number</b>	

**SECTION F: DECLARATIONS AND AGREEMENTS**

No employee is entitled to receive a grant, either by their employment, their history of contributions to the Fund or because of any precedent inferred from a previous grant from the Fund. Grants will not be made before an employee has demonstrated an immediate financial need and provided all required documentation. This application will be treated in a confidential manner by The Community Foundation of Middle Tennessee; however non-identifying statistical information will be reported to A.O. Smith on a periodic basis.

Employees are expected to provide truthful and accurate information. If The Foundation discovers any information to be untrue, it shall have the right to unilaterally waive confidentiality and report these findings to A.O. Smith. The fiduciary expectations of all A.O. Smith employees are paramount and a breach of these standards will be reported to the Company.

Your signature certifies that the information provided is true and complete, authorizes The Foundation to verify all information necessary to process this application, and releases A.O. Smith and The Foundation from any liability associated with the rejection or funding of this application. In addition, you agree to provide any documentation requested for verification.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Be sure your application is complete. Mail or fax your signed application along with your documentation to:**

**The A.O. Smith Employee Care Fund of The Community Foundation of Middle Tennessee,  
3833 Cleghorn Avenue, Suite 400, Nashville, TN 37215 (phone) 615-321-4939 (fax) 615-327-2746**