

**The Community Foundation of Middle Tennessee
The Genesco Employee Emergency Fund**

APPLICATION FOR ASSISTANCE

THE PROGRAM: This Fund helps qualified employees who have experienced **natural disaster; life-threatening illness or injury; a death incident; or other certain catastrophic or extreme circumstances beyond their control, and as a result,** cannot afford housing, necessary utilities, or other basic living needs.

ELIGIBILITY: All Genesco Inc. employees who are 1) currently full-time or are regular part-time employees; 2) regularly scheduled to work at least 20 hours per week; and 3) Active or on approved leave of absence for no more than one year; are eligible to apply. If the employee has passed away, then an eligible family member may apply. **An employee can only be approved for assistance once within a 12-month period.**

GRANTS: The maximum grant amount available for assistance is \$2,500. The maximum award is not guaranteed, and in many cases, a lesser amount will be awarded. All payments are made directly to vendors as bill payments; no assistance funds will be sent directly to applicants and applicants will not be reimbursed.

Help completing this form is available! Call 615-321-4939 and ask for The Genesco Employee Emergency Fund

SECTION A: WILL YOU QUALIFY?

To qualify for this program and receive assistance you must meet all 3 of these requirements:

☐ You must be currently employed by Genesco Inc. working a minimum of 20 hours per week **and** have been employed at the time of the incident.

☐ The qualifying incident must have happened within the past 60 days.

☐ Your situation **MUST** fall into one of these four categories: *(check the one below that describes your situation)*

☐ **Natural Disaster:** For situations, such as a wildfire, flood, tornado, hurricane, severe storms, or other weather, that has damaged or destroyed the employee's primary residence or essential property. The Fund cannot pay to repair other property such as fencing, carports, garages, or storage buildings, and cannot pay to replace non-essential items, such as electronics or furnishings. Photographs, insurance reports, or other documentation is required.

☐ **Life-Threatening or Serious Illness or Injury:** For the employee, partner and eligible dependents. The Fund is not intended to cover insurance deductibles or premiums. Applicants do not automatically qualify for a grant when they, or their dependents, are diagnosed with or suffer a life-threatening or serious illness or injury. There must be resulting financial need including an inability to pay basic living expenses. Healthy pregnancies, injuries occurring more than 60 days ago, routine dental treatments, and any elective procedures are not qualified. Medical documentation will be required.

☐ **Death Incident:** This includes the death of the employee, spouse or eligible dependent(s). The loss of income, cost of burial or funeral expenses, or resulting medical bills prevents an employee from affording basic living expenses. The Fund cannot pay for travel to funerals, caskets, grave markers or other funeral and burial expenses. Assistance will be provided in other ways to offset these costs. Copy of the death certificate, obituary, or other documentation along with proof of financial impact (such as receipts) will be required.

☐ **Catastrophic or Extreme Circumstances:** This includes damage by fire, major home damage that could not be prevented, crime against the employee (robbery, arson, assault, domestic abuse, extreme vandalism), or another reportable incident beyond the applicant's control that impacts the ability to afford basic needs. **Not Qualified:** *routine home repairs, damages due to negligence, vehicle maintenance or registration, high utility bills, lawful wage garnishment, bankruptcy, court ordered child support payments, reduced hours or pay, taxes, typical job layoffs, typical divorce or separation, roommate vacancy, or accumulated debt.* Documentation of the incident will be required.

SECTION B: YOUR CONTACT INFORMATION

Applicant Name (please print clearly): _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____ **County/Parish/Country:** _____

**** Approval notification is sent to you by mail, so please provide a current and valid mailing address ****

Daytime Phone: (____) _____ Is it okay to leave you a message? ☐ YES ☐ NO

Other Phone: (____) _____ Is it okay to leave you a message? ☐ YES ☐ NO

****Text Messaging**** We can send updates on the progress of your application to you via text. This service is optional. If you wish to receive text alerts, please provide a number that is able to receive them, and opt in for this service:

Text Message Alerts: (____) _____ ☐ I agree to receive texts, only about my application.

Applicant Name (please print clearly): _____

Email: _____ Should we use email to contact you? ☐ YES ☐ NO

SECTION C: DESCRIBE YOUR SITUATION

Employment Information

Date of Hire: _____ Job Title: _____ Supervisor: _____

Incident Information

Name of Incident: _____ Date of Incident: _____
(example: tornado, fire, flood, type of injury, name of illness, type of crime) **(must be within past 60 days)**

Who has been affected by the situation? _____

Medical incidents only: Is the affected person covered by medical or disability insurance? ☐ YES ☐ NO

If so, what is the deductible? _____ Has the affected person applied for disability benefits? ☐ YES ☐ NO

If your home was damaged, will insurance cover part of the cost? _____ Your deductible amount? _____

How many people live in your household? _____ Number of adults _____ Number of children _____

Describe the incident in detail: What has happened **in the past 60 days**? _____

Describe how the incident has caused your financial hardship: How has this made it hard to afford your basic living needs?

Estimate the financial impact of the incident: How much will this cost you? _____

Please tell us anything else that would help us understand the hardship you or your family are experiencing. **If this application is being completed by someone other than the employee (as in the case of death or other inability to complete the form), please explain and provide a contact name and information.** _____

Are other outside agencies involved? (Red Cross, Salvation Army, local faith organizations, your state 2-1-1 referral service, or other, similar social services agencies)

Applicant Name (please print clearly): _____

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)
- Medical expenses incurred within past 60 days, related to the incident and not covered by insurance
- Minor home repairs needed to maintain home safety and livability

Grants **cannot** be made to pay for other, non-essential expenses **do not request payment for these things**, such as:

- Insurance premiums or deductibles
- Cable, phone or internet service
- Car payments, repairs or car insurance
- Furniture, appliances, electronics
- Funeral expenses or grave markers
- Accumulated financial issues or credit card debt
- Accidental damages due to negligence
- Legal fees, legal fines or court costs

If your request is approved, payments will be made on your behalf to the vendor(s) you list. **All grants are made directly to vendors as bill payments; no assistance funds will be sent directly to you, and no reimbursements can be made.**

Provide the name of the vendor to be paid, the complete address, the account number or identifying information, amount due, and due date. Although the maximum grant amount is \$2,500, smaller sums are often awarded, so list the vendors in order of priority. **For each vendor, attach appropriate documentation (bills, lease, mortgage coupon, statement, etc.).**

NOTE : We cannot make payments without clear, complete information including full account numbers or other payment information, addresses and documentation. Omitting this information or copies of your bills will delay your application significantly.

Vendor/Biller Name	
Complete Mailing Address for Payment	
Basic Need Covered	
Payment Amount & Due Date	
Account Number or Identifying Information	

Vendor/Biller Name	
Complete Mailing Address for Payment	
Basic Need Covered	
Payment Amount & Due Date	
Account Number or Identifying Information	

Vendor/Biller Name	
Complete Mailing Address for Payment	
Basic Need Covered	
Payment Amount & Due Date	
Account Number or Identifying Information	

Applicant Name (please print clearly): _____

Application Checklist:

Did you do the following?

- ☐ Carefully read the requirements to see if you qualify
- ☐ Complete all sections of the application
- ☐ Check Section D that your grant requests are allowed by the program
- ☐ Read and sign Section E: Declarations and Agreement (this page)

Be sure you are sending:

- ☐ All pages of your application
- ☐ Documentation of your incident such as: medical documents, incident reports, obituary, FMLA, etc.
- ☐ Copies of payment documentation such as: bills, lease, mortgage statement, repair estimates, etc.

SECTION E: DECLARATIONS AND AGREEMENT

No applicant 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 the applicant 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 Genesco Inc. on a periodic basis.

Applicants are expected to provide truthful and accurate information. In its due diligence, if The Foundation discovers any information to be untrue, it shall have the right to unilaterally waive its confidentiality and report its findings to the Company. The fiduciary expectations of all Genesco employees are paramount and a breach of these standards will be reported to the company.

Your signature below certifies that the information provided is true and complete, authorizes The Community Foundation to obtain and/or verify all information necessary to process this application, and releases Genesco Inc. and The Community Foundation of Middle Tennessee from any liability associated with the rejection of or funding of this application. Remember that the maximum amount any employee can receive in a 12-month period is \$2,500. It is likely that lesser amounts will be awarded in most cases.

☐ I agree to provide the requested documentation supporting my application and acknowledge that no request can be approved without complete documentation of the qualifying incident.

☐ I understand that if the Foundation finds any information I have provided to be untrue or falsified, all findings will be reported to my employer.

Applicant's Signature: _____ Date: _____

SUBMITTING YOUR APPLICATION

Submit your completed and signed application with requested documentation in one of these ways:

EMAIL: Scan all pages and email to EmergencyGrants@cfmt.org with Genesco and your name in the subject line.

FAX: Fax single-sided pages of your application and documents to **615-327-2746**. Do not fax photographs; you can submit photographs separately by email or by mail if needed.

MAIL: Make copies of everything you send to us, and mail your application and documents to:

The Genesco Employee Emergency Fund
3833 Cleghorn Avenue, Suite 400
Nashville, TN 37215

Phone: 615-321-4939

Fax: 615-327-2746

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