

The Community Foundation of Middle Tennessee  
**LKQ Employee Assistance 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 in the past 90 days**, and as a result, cannot afford housing, necessary utilities, or other basic living needs.

**ELIGIBILITY:** All employees of LKQ Corporation employed in North America who are 1) regularly scheduled to work full-time; 2) actively employed at the time of the incident and at the time of application; or 3) 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 12-months and can receive no more than two awards over their lifetime.**

**GRANTS:** The maximum grant amount available for assistance is \$3,500. 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! Email [EmergencyGrants@cfmt.org](mailto:EmergencyGrants@cfmt.org) or call 615-321-4939 with questions.**

**SECTION A: WILL YOU QUALIFY?**

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

- You must be currently employed and considered full-time by LKQ Corporation and at the time of the incident.
- The qualifying incident must have happened within the past 90 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. 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 significant financial impact. **Not qualified:** Healthy pregnancies, injuries occurring more than 90 days ago, routine dental treatments, and any elective procedures. 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, extreme vandalism), or another reportable incident beyond the applicant's control. **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, or roommate vacancy. Documentation of the incident will be required.

**SECTION B: YOUR CONTACT AND EMPLOYMENT 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

**Email:** \_\_\_\_\_ Is it okay to contact you by email?  YES  NO

**Date of Hire:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

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

**SECTION C: DESCRIBE YOUR SITUATION**

Name of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
(example: tornado, fire, flood, type of injury, name of illness, type of crime) **(must be within past 90 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 90 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 90 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 \$3,500, smaller sums are often awarded, so list the vendors in order of priority.

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

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

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

**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.**

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 the LKQ Corporation 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 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 the Company 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 \$3,500. It is likely that, from time to time, lesser amounts will be awarded.

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](mailto:EmergencyGrants@cfmt.org) with 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:

**LKQ Employee Assistance Fund  
The Community Foundation of Middle Tennessee  
3833 Cleghorn Avenue, Suite 400  
Nashville, TN 37215**

**Phone: 615-321-4939      Fax: 615-327-2746**

LKQ Employee Assistance Fund of The Community Foundation of Middle Tennessee,  
3833 Cleghorn Avenue, Suite 400, Nashville, TN 37215 (phone) 615-321-4939 (fax) 615-327-2746