

EMPLOYEE RELIEF FUND

I. PURPOSE:

The Employee Relief Fund (ERF) is intended to provide basic necessities and temporary relief to meet the necessities of life of employees who are needy as a direct result of a disaster. The funding for this program is through after-tax employee contributions. Employees can make donations through payroll deductions coordinated through the Payroll Division or by check to the Treasury Office in City Hall.

II. RESPONSIBILITY:

Employee Relief Fund applications will be reviewed as received by a committee of five (5) employees appointed by the City Manager. The determination on the grant request will be presented to the applicant the day after the committee meets. If approved, a check will be issued to the employee as quickly as possible. The employee requesting funds under this guideline should pursue all possible resources available, including the United Way, Red Cross, their Union, etc.

III. POLICY:

Up to a maximum of three (3) weeks of the employee's base pay or \$2,500, whichever is the least, per hardship will be considered for individuals. Actual assistance will depend on need. The money granted to the employee will be taxable income.

Eligibility Criteria:

- A. Applicant must be an active regular or limited-service non-probationary full-time employee of the City of Little Rock.
- B. The need for assistance must stem directly from a natural disaster such as a devastating flood, ice storm, hurricane, tornado or fire impacting a locality or region or short-term personal emergency like a house/apartment fire or flood resulting in a loss of basic needs such as food, clothing or shelter.
- C. Other funds are not immediately available from insurance or any other sources.
- D. Applicant must submit initial application to the Human Resources Department within forty-five (45) days of qualifying event.

E. Applicant does not have to donate to the plan.

Examples of Qualifying Requests:

- A. Funds for basic needs such as food, clothing or shelter resulting from a natural disaster e.g., tornado, flood, earthquake, fire.
- B. Funds for basic needs such as food, clothing or shelter resulting from a triggering personal emergency, e.g., house fire or flood.

Ineligible Funding Requests:

- A. Assistance for any medical or dental related claim including; however, not limited to, expenses incurred for the treatment of any medical or dental condition.
- B. Assistance to individual experiencing financial difficulties due to poor financial management or judgment or negligence.
- C. Any expenses, including travel, covered by insurance or other sources of income.
- D. Any expenses, including travel, incurred for the treatment of any medical or dental condition.
- E. Funeral expenses.
- F. Requests for funds to cover items stolen are not considered a qualifying item.
- G. Insurance deductibles and lost wages cannot be reimbursed by the fund.

IV. PROCEDURE:

- A. Upon receipt of an application in the Human Resources Department, the application will be date stamped.
- B. Employment will be verified.
- C. A copy of the application will be made and the applicant's personal information will be deleted from the copy. The original application form will be kept in the ERF files.
- D. The copy of the application will be either faxed, or scanned and e-mailed, to the committee members before the next application review date.
- E. Committee members will review the application against established criteria and determine if an award will be granted, and the amount of such award.
- F. Three (3) committee members create a quorum.
- G. The applicant will be notified of the committee's determination.
- H. If approved, a check will be issued as quickly as possible.

Approved:



Bruce T. Moore
City Manager

**Employee Relief Fund
Grant Request Application**

Name: _____ Employee #: _____

Current Address/Phone Number:

Street Address: _____

City, State, Zip Code: _____

Contact Phone: _____

Date of event leading to this request for assistance: _____

Have you applied to, or contacted any local or Federal agency or your union for relief?
_____ no _____ yes If yes, please check which organization(s):

- _____ Red Cross
- _____ Salvation Army
- _____ FEMA
- _____ United Way
- Other, please list all: _____

Have any of the organizations you contacted been of assistance? If so, please describe:

Do you have homeowners, rental and/or flood insurance coverage or other sources of income to cover these expenses? _____ No _____ Yes. If yes, please specify which coverage applies and amount of funding available.

Please attach to this application:

1. Detailed description of the event (natural disaster or personal emergency) that has occurred to cause you to seek help from this fund.
2. Detailed description and estimated cost of damages to essential property and/or basic living needs that are being unmet, i.e., food, shelter, clothing. Please provide invoices or other documentation as appropriate. 3. Completed Family Budget Form

4. Total amount of uninsured loss (attach documentation) \$_____.

I hereby certify that the information contained in this application is true, correct and complete, and that I am requesting assistance only for amounts that are not reimbursable from insurance or any other sources.

Employee's Name (Please Print):_____

Employee's Signature: _____

Date: _____

Family Budget Form

Name: _____

Date: _____

You may print this form and fill it out by hand, or you can type in the information on-line and then print the form.

Expenses (per month)

Monthly Amount Owed Past Due Balance

Rent/Mortgage	\$ _____	\$ _____
Food	\$ _____	\$ _____
Heat (Gas, Oil)	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Insurance, Car	\$ _____	\$ _____
Insurance, Renters/Home	\$ _____	\$ _____
Insurance, Medical	\$ _____	\$ _____
Credit Cards/Loans	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Cable TV	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Other, Please List:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

Income (Provide recent pay stub showing Regular pay)

Monthly

Annually

Employment - Self	\$ _____	\$ _____
Employment - Spouse/other members of household	\$ _____	\$ _____
State Assistance	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Child Support	\$ _____	\$ _____

Food Stamps

Other: _____

Total

\$	
\$	
\$	

\$	
\$	
\$	