



## Hearts to Hands Relief Fund Application

*Note: all information contained in this application is confidential and will not be shared with your employer, except as aggregate data.*

**The Program:** The Barry-Wehmiller Companies Inc. Hearts to Hands Relief Fund helps associates who are experiencing financial hardship due to a disaster or other extreme situation by making grants to help cover basic living needs. Your co-workers and employer make these grants possible.

**Eligibility:** You or your surviving eligible family member are eligible to apply, if you meet both of the following conditions:

- You are a full time or part time associate, or a retiree, of Barry-Wehmiller, Forsyth Capital Investors, or one of their subsidiaries. A retiree is defined as a former associate of Barry-Wehmiller that has elected to exit the workforce.
- You have experienced financial hardship due to a qualifying event that happened within the past 90 days. Qualifying events that happen outside of the 90 day period with extenuating circumstances will also be considered. A qualifying event is:
  - A natural disaster (flood, earthquake, wildfire, tornado, etc.) that has affected your primary residence and your ability to cover basic living expenses. **If you are applying for help with pandemic related childcare expenses, please complete all pages, including the addendum on page five.**
  - A serious illness or injury (associate or eligible family member) that affects your ability to pay for basic living expenses.
  - A death (associate or eligible immediate family members), when loss of income, funeral expenses, or uninsured medical expenses affect your ability to cover basic living expenses.
  - Catastrophic or extreme circumstances (fire, robbery, assault, domestic abuse) that affect your ability to cover basic living expenses.

**Grants:** The maximum annual support from the fund is \$1,000. All grant checks will be sent directly to a vendor to cover eligible expenses from a current bill or invoice. No distributions will be made directly to associates.

**Application:** To be considered for grant support, complete all four pages of the application. Print your name at top of each page. Answering questions completely will help us process your request quickly.

- Attach current bills, invoices and supporting documentation.
- You will be notified of the status of your application at the email or address you provide below generally within 10 days of receipt.

Send your completed, signed application with supporting documentation to [heartstohands@stlgives.org](mailto:heartstohands@stlgives.org) or mail to  
 Hearts to Hands Relief Fund  
 St. Louis Community Foundation  
 #2 Oak Knoll Park  
 St. Louis, MO 63105

### SECTION 1: INFORMATION ABOUT YOU

Associate Name (print clearly):			
Permanent Home Address:			
City:		State:	Zip:
Daytime phone: ( )	Other phone: ( )	Email:	
Do you prefer contact by:		Have you applied to this program before?	
<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> US Mail	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your BW Company Name:	Your BW Company City:	State:	Zip:
Hire Date:	Job Title:	Associate ID#:	

Associate Name, printed clearly: \_\_\_\_\_

## SECTION 2: DESCRIBE YOUR SITUATION

Which qualifying incident caused your current financial hardship?

Natural Disaster    Serious Illness or Injury    Death in Family    Catastrophic or Extreme Circumstances

Detail of incident: \_\_\_\_\_ Date of incident: \_\_\_\_\_  
(tornado, flood, type of illness or surgery, deceased's name & relationship, name of circumstance, etc.) (must be within 90 days of application)

Was the incident covered by insurance?  Yes  No If yes, is your application today being submitted after insurance coverage has been applied?  Yes  No If no, why not? \_\_\_\_\_

Describe what happened that caused your financial hardship:

Please tell us anything else you feel would help us understand the hardship you and your family are experiencing as a result of this incident:

Have social service agency resources been requested or used? If you have already received services, please tell us which organization(s), how they were able to help, and include details of monetary or other support: \_\_\_\_\_

Your church, the American Red Cross, Salvation Army, FEMA, and other local agencies may also be able to help.

Associate Name, printed clearly: \_\_\_\_\_

### SECTION 3: SPECIFIC REQUEST

Grants are paid to vendors in response to an unpaid bill or invoice for eligible, basic expenses. Examples of eligible expenses:

- rent, mortgage or other housing payments
- temporary housing and security deposits for new housing
- utility bills (electricity, heating, water, etc.)
- medical expenses not covered by insurance
- home repairs necessary to restore or maintain safety
- funeral expenses for immediate family, which may include travel
- approved travel expenses related to emergency situations

See Grant Documentation below for more detail.

The Program **cannot** make grants for the following::

- reimbursements to associate or other individual
- legal fees
- credit card debt
- cable, phone or internet, unless required by job
- car payments
- appliances, electronics
- grave markers
- collection agency requests
- student loans or expenses
- repairs due to negligence or neglect

**Grant Payment:** If an application is approved, payment(s) to the vendor(s) will be made by check and will include the associate's account number, if applicable, and a copy of the bill or invoice provided with the application. You will be notified of the status of your application by email or by mail to the mailing address indicated on the application.

**Grant Documentation:** In order of payment priority, provide the following required information. If you are requesting payments to more than three vendors, attach a page with identical information provided. Please include the following:

- Bill, invoice, lease, mortgage coupon, or statement of amount due.
- A published obituary or death certificate is required for expenses relating to a death that are not included on an invoice from a mortuary.
- Fire, police, or other official reports are required for applications resulting from catastrophic events.
- Approved travel must be arranged through a Foundation approved agency; applicant cannot be reimbursed.

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Associate Name, printed clearly: \_\_\_\_\_

#### SECTION 4: THE FINE PRINT

This charitable program was established in 2012 by Barry-Wehmiller Companies Inc. and has received gifts from associates, the company, and others who believe in the power of community members helping each other. The program is a charitable entity because of the company's partnership with the St. Louis Community Foundation (Foundation), a 501(c)3 public charity whose mission is to help organizations, families and businesses put their charitable dollars to work in the community. The program is controlled and administered by the Foundation for the support of eligible associates who apply for support. Though a committee of Barry-Wehmiller Companies Inc. leaders initiated the fund and advises the Foundation, all decisions are determined by the Foundation.

An application does not guarantee grant support. If awarded, the grant support you receive is not considered an employee benefit. Applications are assessed without regard to your work evaluation or position within the company and will not impact your employment in any way.

Data from this application will be included only in aggregate form in periodic reports to the company. Your name and address will be provided only to confirm employment with a secure HR department contact.

Your signature below signifies that you understand the paragraphs above, that only one application for support can be filed in a calendar year (except in extraordinary circumstances), that the annual maximum that you can request is \$1,000, and that support may be below this amount.

Your signature below also certifies that the information you provided is true and complete, releases the St. Louis Community Foundation and Barry-Wehmiller Companies Inc. from any liability associated with the denial of or funding of this application, and authorizes the Foundation to verify information provided in connection with processing this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Before you submit, complete the Application Checklist for your own peace of mind:

- If I am applying for pandemic related childcare expenses, I have completed page five of the application
- I read the requirements and I feel that I qualify
- I emailed [heartstohands@stlgives.org](mailto:heartstohands@stlgives.org) or called 314-588-8200 with any questions I had
- I completed Sections 1, 2 and 3 with all the details requested
- I am enclosing current required documentation for each vendor listed in Section 3. If applicable, I also included documentation of the incident, such as an obituary, police, or fire report, and a completed W-9 for any vendors that are individuals, partnerships, or LLCs.
- I read Section 4 thoroughly, and signed and dated my application
- I am keeping a copy of my application for my files
- I am emailing or mailing my entire application and supporting documentation to the Hearts to Hands Relief Fund at the St. Louis Community Foundation

The **Barry-Wehmiller Companies Inc. Hearts to Hands Relief Fund**, a component fund of the St. Louis Community Foundation, a 501(c)(3) public charity, does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability. The St. Louis Community Foundation is solely responsible for all decisions regarding charitable distributions from the fund.

Send your completed, signed application with supporting documentation to [heartstohands@stlgives.org](mailto:heartstohands@stlgives.org) or mail to:

Hearts to Hands Relief Fund  
St. Louis Community Foundation  
#2 Oak Knoll Park  
St. Louis, MO 63105

Associate Name, printed clearly: \_\_\_\_\_

### SECTION 5: THE CORONAVIRUS PANDEMIC ADDENDUM

Hearts to Hands can consider applications for those team members that been diagnosed with, or medically quarantined, because of the coronavirus; medical documentation is required. The program cannot consider lost wages as a qualifying event.

For a limited time, Hearts to Hands Fund may also be able to help with new pandemic-related childcare expenses. To be eligible to apply for this grant you must **have new childcare expenses for school aged children due to the pandemic that are causing your family financial hardship**. The additional questions on this addendum must be completed in order to be considered.

How many school-aged children do you have in your house that require new childcare due to the closing of schools?
What are their ages?
What percentage of your total household income does your salary provide?

Please note that grants for this portion of Hearts to Hands will be payable only to childcare providers, and we will require an invoice in order to make payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_