

Hall for One Emergency Assistance Program and Application

The Program

The Hall for One Emergency Assistance Program has been developed as a resource for employees of Brad Hall Companies who have experienced a financial hardship due to a tragedy, disaster, or other extreme life event. This program enables employees to apply for grants to help cover basic living needs. Your co-workers and employer make these grants possible.

Eligibility

You are eligible to apply for assistance if you meet the following conditions:

- You are currently an employee with and have been employed in one of the Brad Hall Companies for at least one continuous year.
- You are a full-time or part-time employee.
- You or an eligible dependent have experienced financial hardship due to a qualifying event that happened within the past 90 days. Eligible dependents are defined as your spouse and children under 21 years of age.

A qualifying event is:

- A natural disaster (flood, earthquake, wildfire, tornado, etc.) that has affected your primary residence.
- A serious illness or injury (employee or eligible dependent) that affects your ability to pay for basic living expenses.
- A death (employee or eligible family member), 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

Submitting a grant application does not guarantee support. The maximum program support is \$2,00.00 within a two-year time period, provided sufficient funds are available. All approved assistance funds will be sent directly to the employee that requests support. The employee will be responsible to remit payments to the vendors for which the grant was intended.

Application

To be considered for grant support, complete all three pages of the application below. Print your name at the top of each page. Incomplete applications will not be considered. 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 generally within 30 calendar days of receipt. Send your completed, signed application with supporting documentation to hall4one@bradhallcompanies.com or mail to Hall for One Emergency Assistance Fund PO BOX 50620, Idaho Falls, ID 83405.

Hall for One Emergency Assistance Program Application

SECTION 1: INFORMATION ABOUT YOU

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

Employee Name (print clearly):			
Permanent Home Address:		State:	Zip:
City:			
Daytime Phone:	Other phone:	Email:	
How do you prefer to be contacted?	Have you applied to this program before?	If so, when?	
Your Brad Hall Company of employment:	City:	State:	
Hire Date:	Job Title:		

SECTION 2: DESCRIBE YOUR SITUATION

Which qualifying incident caused your current financial hardship: (circle one)

◆ 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:

Why are you considering this a 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:

Employee Name, printed clearly: _____

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:

If awarded funds, what will the funds be used for?

SECTION 3: SPECIFIC REQUEST

Grants are paid to employees in response to an unpaid bill or invoice for eligible, basic expenses. The employee will be required to pay the vendor. 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, including needed equipment
- home repairs or services necessary to restore or maintain safety
- funeral expenses for immediate family (as defined by the Company's bereavement policy)
- car repairs (if company requires you to use your personal vehicle in the course of your job duties)

The Program cannot consider:

- legal fees or child support
- credit card debt
- cable, phone or internet
- car payments
- furniture, appliances, electronics
- grave markers
- collection agency payments
- student loans or expenses
- repairs due to negligence or neglect
- travel expenses
- insurance payments or co-pays

Grant Payment: If an application is approved, payment to the employee will be made by check. You will be notified of the status of your application by email or by mail to the address indicated on the application.

Grant Documentation: Please list the bills you need assistance with, listing the most important ones first. 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.

Employee Name, printed clearly: _____

SECTION 4: ESSENTIAL PROGRAM INFORMATION

This charitable fund was established in 2022 by Brad Hall Companies and has received donations from employees, the company and others who believe in the power of the community members helping each other. The fund is controlled and administered by a committee of employees from Brad Hall Companies for the support of eligible employees who apply for support. All decisions are determined by a committee of Brad Hall Company employees. 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 certifies that you understand the paragraph above, that only one application for support can be filed in a calendar year (except in extraordinary circumstances), that the maximum that you can request is \$2,000.00 within a two-year period, and that support may be less than this amount. Your signature below also certifies that the information you provided is true and complete, releases affiliated Brad Hall Companies from any liability associated with the denial of or funding of this application, and authorizes the committee 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:

- ◆ I read the requirements and I feel that I qualify
- ◆ I emailed hall4one@bradhallcompanies.com or called 208-313-0221 with any questions I had
- ◆ I completed Sections 1, 2 and 3 with all the details requested
- ◆ I am enclosing current required documentation listed in Section 3. If applicable, I also included documentation of the incident, such as an obituary, police, or fire report.
- ◆ 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 Hall for One Emergency Assistance Program

The Hall For One Emergency Assistance Program, a component fund of Brad Hall Companies, does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability. A committee of representatives from Brad Hall Companies is solely responsible for all decisions regarding charitable distributions from the Hall for One Emergency Assistance Fund. Send your completed, signed application with supporting documentation to hall4one@bradhallcompanies.com or mail to Hall for One Emergency Assistance Program, PO Box 50620, Idaho Falls, ID 83405.