



H.O.P.E. FUND APPLICATION SUMMARY

How to Apply

1. **Request and complete a grant application.** You can also obtain an application by contacting an Assessment Committee member at hopefund@goodwillvirginia.org. Applications are also available on GoodPoint.
2. A grant application must be completed in order to be considered for financial assistance. Documentation must also be attached to the application upon submitting for review. Financial disclosure is a requirement. Incomplete applications will be returned, which can cause delays.
3. A completed application does not automatically guarantee grant approval.
4. There are a number of factors that we view when determining the amount of grant assistance. Therefore, each case will be reviewed on an individual basis.
5. The completed application and attached documentation should be placed in a sealed envelope and sent to H.O.P.E. Fund, 6301 Midlothian Turnpike, Richmond, VA 23325, by email hopefund@goodwillvirginia.org, or by fax 804.521.0596 marked "Confidential". Applications and documentation without the applicant's identity will be forwarded onto the H.O.P.E. Fund Decision Committee for review. **All information will be held in strict confidence.**
6. The Committee will review the application and make a determination within 72 hours or sooner upon receiving the application. If additional information is required, the employee will be contacted by the Program Administrator. Once a decision has been reached, the employee will be notified as soon as possible; first by phone, then by email.
7. If the application has been approved, a check will be mailed to the grant recipient, designate, or creditor as soon as possible. If the application has not been approved, the employee will have the option of appealing the decision, but must do so by contacting the Program Administrator within 5 working days upon notification of the decision. If there is no response from the employee, it will be considered closed.
8. If the employee chooses to appeal, it is the employee's responsibility to contact the Program Administrator for information on the appeal process and to submit additional documentation which would help support the request for financial assistance.
9. If the Committee does not approve the application the second time, then the matter will be closed.

Eligibility Requirements

An associate must meet the following criteria:

- o Employed with Goodwill Industries either full time or part time for a minimum of 6 months in order to apply for this grant
- o Have a temporary financial hardship because of an emergency situation
- o Have considered other possible resources which turned out to be not available or not sufficient to meet the need
- o With the exception of a natural disaster only one grant per calendar year per employee will be approved.
- o With the exception of a natural disaster employees can submit no more than two (2) applications per calendar year

Contact the Committee

Please direct all inquiries and concerns in regard to this policy to hopefund@goodwillvirginia.org.

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Please complete this form as thoroughly as possible to avoid delays in reviewing the request. Please note that the associate may be contacted if the Committee needs additional information.

Section 1: Contact Information	
Date:	
Name:	Associate (If known):
Address:	
Home Phone:	Work Phone:
Department:	Location:
Should a grant be made, to what creditor would we mail the check:	
Name: _____	
Address: _____	
Account Number: (if applicable) _____	
<p>I certify that the information provided in this grant application is true and correct to the best of my knowledge. Any intentional misrepresentation of information contained in this application will result in forfeiting this and any future grant application. I authorize the Committee administering this program to verify my employment earnings records, bank accounts, and any other assets needed to process my grant application..</p>	
Signature:	Date:

Section 2: Applicant Information	
Number of Dependents (under the age of 18)	X (ages)
Marital Status	
Repeat Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details	
Amount Requested	\$
Employment	
Employment Start Date	
Please check one <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Please check one <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time

Section 3: Needs Request (REQUIRED)	
HOME	
<input type="checkbox"/> Utility Shut off notice	<input type="checkbox"/> Complete Loss of Primary Home
<input type="checkbox"/> Mortgage Foreclosure notice	<input type="checkbox"/> Fire/Damage to Primary Home
<input type="checkbox"/> Rent Eviction	<input type="checkbox"/> Flood
	<input type="checkbox"/> Other
<p>What is the unforeseen/unusual circumstance that caused the hardship (please explain and provide documentation):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
MEDICAL	
<input type="checkbox"/> Family member illness/Injury	<input type="checkbox"/> Personal illness/Injury
Relationship to person who is ill: _____	
Does the associate have health/dental insurance? Yes ___ No ___	
If so, from what source? _____	
Approximate medical expenses not covered by all insurance: \$_____	

Type of illness or disability (terminal, temporary disease) :

Is the person covered by Health Insurance? Yes No

Is the person on any type of disability? (short or long term):

Dates of sickness or disability occurred:

Death of a family member (documentation **required** –i.e. death certif./medical record/etc):

Other: please explain: _____

OTHER

Military deployment Violent crime Car loan Transportation

Are there outstanding expenses that need immediate attention? If so, please attach a copy of the documentation for the expense. Examples might be eviction notice, medical bill, or utility cut-off notice.

Name of person bill is addressed to:

Billing Company Name:

Contact Name at Billing Company:

Billing Company Address:

Account Number:

Amount Owed:

Minimum Payment Due:

Due Date:

Please attach copies of the following (check whichever is applicable):

Specific bills you are requesting funds for

- | | |
|---|---|
| <input type="checkbox"/> Utility Cut-Off Notice | <input type="checkbox"/> Eviction Notice |
| <input type="checkbox"/> Death certificate | <input type="checkbox"/> Mortgage Foreclosure Notice |
| <input type="checkbox"/> Police/fire reports | <input type="checkbox"/> Estimates for Housing damage |
| <input type="checkbox"/> Medical Bills | <input type="checkbox"/> Other: _____ |

Section 4: Other Assistance

Are other agencies involved in obtaining help in this matter (for example, Salvation Army, church, food pantry, etc.)? If so, please list

For Committee Use Only

Meeting Date: _____

Committee member who spoke with person who submitted the request: _____

Comments or insights offered by the submitter that might be helpful for the review team:

Grant Approval: Yes No

Amount Approved: \$

Reason for Approval/Denial: _____

Make Check Payable To:

Date Funds Released:

Review Team's Notes/ Comments/Actions Taken:

Follow up needed? Yes No

Relationship to any Committee members: _____

Name of Committee Members who approve/decline:

Name

Name

Name

Name

Name

Name

Name

Name