

## **ENLOE HEALTH CARE FUND GRANT POLICY**

### **1 PURPOSE**

1.1 The Enloe Care Fund (the Fund) was established to provide financial support for Enloe Health employees and its affiliated partner companies employees, during certain qualified emergencies. Grants from the Fund are charitable gifts, not compensation.

### **2 COMMITTEE**

2.1 The Fund is managed by the Enloe Health Foundation. The Fund Committee includes individuals who represent Enloe Health and the Foundation. Members are selected from all levels of the organization. The Committee will nominate, appoint or replace members as needed with approval from the Vice President of Philanthropy & Communications.

2.2 The Fund Committee Members shall not knowingly participate in the review or decision-making process of any request for Fund assistance for any caregiver under their direction. Applicant identities will be redacted by HR prior to submission to the Committee for review.

2.3 Members of the Committee will maintain information/discussions regarding grant requests in strict confidence.

2.4 The Chair of the Committee will be the Director of Advancement. The Committee Co-Chair shall be occupied by a member of HR.

### **3 ELIGIBILITY**

3.1 Caregiver is defined as employees, medical staff and employees of partner companies of Enloe Health. Caregivers who are regular full-time or part-time or an active per-diem status, are eligible to be considered for financial assistance through the fund.

### **4 CRITERIA**

Many individuals and families experience unexpected expenses such as car repairs or household bills in amounts higher than expected. The Enloe Care Fund was not established to help in these situations. It was established to help with tragic or catastrophic situations. With that in mind, please review the eligibility guidelines below:

4.1 Fund disbursements will be considered in the following circumstances:

- 4.1.1 Medical – Applies to severe illness or serious accident of caregiver or immediate family member when it causes an extreme financial hardship;
- 4.1.2 Catastrophic Emergency – Includes house fire, flood, acts of violence or natural

- disaster that cause an extreme financial hardship;
  - 4.1.3 Death – Death of an immediate family member which results in expenses such as funeral expenses not covered by insurance, when it causes an extreme financial hardship;
  - 4.1.4 Unexpected hardship that impacts the ability to meet basic needs like housing and food.
- 4.2 Hardship related to the above circumstances must be documented/demonstrated to the Fund Committee’s satisfaction.
- 4.3 The Fund does not apply to such needs as household repairs; school supplies; routine transportation; holiday gifts; normal health deductibles/co-pays; insurance premiums, including COBRA; legal expenses; financial need created/caused by caregiver or family members; financial difficulties including electricity, rent, or other bills not caused by illness, death, catastrophe, or danger to caregiver.
- 4.4 There is no automatic right for eligible applicants to receive funding. Request for funding may be denied, approved in full or approved in modified amounts. The Committee reserves the right to deny repeat requests for continuing circumstances extending over several years.

## **5 PROCEDURE**

- 5.1 Request for assistance from the fund may be completed by the caregiver who believes they meet the criteria or by their department supervisor, with caregiver approval. Application must be received by HR within 30 days of the qualifying event.
- 5.1.1 The Fund Application form should be forwarded to HR, Attn: Enloe Health Care Fund Committee, or submitted electronically to HR@enloe.org
- 5.2 Applications are reviewed by HR and screened to determine if the request is of an emergency nature or if the request can be held for review and consideration at the next Committee meeting or via email.
- 5.2.1 In emergency situations, an application can be approved for emergency assistance with the agreement of three (3) committee members. The Director of Advancement (or their delegate) must be one of the three (3) committee members to approve the application.
- 5.3 The amount of assistance shall be limited to \$2,000 per event, and no more than one (1) grant may be distributed within a 24-month period.

- 5.4 If multiple members of a household are employed at Enloe Health (or affiliated partner companies), only one application will be accepted and only one grant will be made to that household within a 24-month period.
- 5.5 In extreme circumstances, the Fund Committee reserves the right to consider additional grants within the 24-month period.
- 5.6 All disbursed grants will be in the form of a check representing a gift to the recipient caregiver, with no repayment expected. Further, such funds are not compensation to the recipient.
- 5.7 Recipients of the Fund acknowledge that grants from the Fund may be taxable income. Recipients are instructed to consult with a tax professional regarding the handling of any funds received.
- 5.8 HR will retain appropriate documentation to ensure consistent application of this policy and whatever additional documentation it deems necessary to support its function.

## **6 FUND DISBURSEMENTS**

- 6.1 Upon approval by the Committee, HR will submit to Payroll the documents necessary to transact the disbursement to the caregiver and will notify the caregiver of the expected date of receipt.

## **7 FUNDING**

- 7.1 Caregivers who wish to donate to the Fund may do so by check, credit card or payroll deduction. All general contributions to the Fund must be submitted through the Enloe Health Foundation.

## **8 AMENDMENTS**

- 8.1 This policy may be amended only with the approval of the Director of Advancement, Vice President of Philanthropy & Communications, CFO or CEO of Enloe Health.