

INSTALLED BUILDING PRODUCTS EMPLOYEE FINANCIAL ASSISTANCE PROGRAM APPLICATION

The Installed Building Products Foundation Employee Financial Assistance Program was created to support our employees who experience financial hardship resulting from an unexpected emergency or a disaster. The program has been funded by donations from IBP employees and is administered by Gifts of Kindness, LLC on behalf of The Columbus Foundation to help ensure funds are distributed efficiently, equitably, and with discretion. The Columbus Foundation staff will handle the day-to-day administration and grant-making decisions as they relate to this fund. Installed Building Products will not be involved with those decisions. All applications are kept in strict confidence and are considered on the basis of need and eligibility.

Documentation of your hardship event and expenses are <u>REQUIRED</u>. Please be prepared to share documents, such as but not limited to, paystubs, mortgage statements, utility bills, car loan statements, medical excuses or leave of absence documentation.

COMPLETE THIS FORM AND SEND TO:

- MAIL: IBP EMPLOYEE FINANCIAL ASSISTANCE PROGRAM C/O THE COLUMBUS FOUNDATION 1234 E BROAD ST, COLUMBUS, OH 43205
- EMAIL: IBPAssist@columbusfoundation.org
- FAX: 614-251-4010 (ATTN: IBP EAP)

EMPLOYEE FIRST AND LAST NAM	ΛΕ	EMPLOYEE ID
HOME STREET ADDRESS (Include	e Apartment Number if applica	able)
HOME CITY	HOME STATE	HOME ZIP CODE
EMAIL		(<u>)</u> PHONE
For Emergency Hardships you m Have you worked for IBP for at I		or at least one year (since most recent hire date).
\$		

AMOUNT OF GRANT REQUESTED - MAXIMUM AMOUNT IS \$2,000; MINIMUM GRANT IS \$250

ELIGIBLE HARDSHIP EVENTS

Emergency Hardships are bold. You must have worked for IBP for at least 1 year to be eligible for these events. (PLEASE CIRCLE ONE; SEE GUIDELINES FOR ELIGIBLE FAMILY MEMBER AND DEPENDENTS LISTS)

Acts of Nature	House Fire	Federal or State Declared Natural Disaster or Emergency	Terrorist or Military Action Disaster
Accident (unless caused by associate's or applicable family member's negligence, recklessness or intent	Crime (Non-violent or Violent)	Death of an associate, spouse/partner or dependent	Domestic/Physical Abuse Victim
Experiencing Homelessness (see guidelines for eligible situations)	Loss of Child Support Payments	Military Deployment	Non-Routine Vehicle Repairs
Residential Disaster (Ownership Required)	Short-Term Illness or other Short-Term medical, dental, vision or hearing condition	Spouse/Partner Loss of Job/Income	Travel for Medical Treatment

Please answer the following questions regarding your situation. Please note: Documentation of your hardship and expenses is REQUIRED.

1	Please provide a description of your emergency event that led to your request for help. Use additional pages if necessary. You will be required to document the event. Examples include doctor's excuses, police or fire reports, news stories, professional estimates, letters from landlords or social workers.
2	Please describe the needs that have resulted from the event. Use additional pages if necessary. Attach supporting documentation, such as paystubs, mortgage/rent statements, utilities, receipts, etc.

I attest that the information provided above is true to the be	st of my knowledge and that the grant for which I am				
applying will be used for needs that are not met by any other source for assistance. Further, I acknowledge tha					
receipt of the requested grant is dependent upon whether I am eligible for such grant and the availability of fu					
EMPLOYEE CICHATURE					
EMPLOYEE SIGNATURE	DATE				

All information shared in this application will remain strictly confidential. The Columbus Foundation will contact a Installed Building Products Human Resources representative for the sole purpose of verifying employment. Installed Building Products will receive confidential reports that share the fund's balance and number of associates served. These reports have no personal identifying information.