



Tandy Employee Foundation

The Tandy Employee Foundation is administered by the San Antonio Area Foundation. This fund is used to assist employees and their dependents who are experiencing an economic hardship and are unable to afford certain expenses as a result of a **natural disaster or other catastrophic or extreme circumstances** beyond the employee's control.

Eligibility:

1. Must be actively employed full or part-time or on an approved leave of absence at the time of the incident.
2. Must be a dependent of an active employee of Tandy Leather. In the case of employee death, the surviving spouse/domestic partner or eligible dependent may apply for assistance.
3. The qualifying incident must have occurred within 120 days upon submission to the Foundation.

Limits on assistance: \$500 minimum amount for any request:

1. Home Catastrophe – primary residence destroyed, rendered unlivable or in need of costly repairs in excess of insurance within one of the following statuses listed below:
 - (i) **No damage** – voluntary or involuntary evacuation, which may be used for food or travel.
 - (ii) **Minor damage** – for residence which is habitable but assistance with minor repairs are needed.
 - (iii) **Major damage** – for residences which is inhabitable, and assistance is needed with major repairs or other extreme circumstances.
 - (iv) **Evacuated** – if state of residence unknown but assistance is needed with travel and food due to an evacuation.

2. Emergency Travel for Immediate Family – losses incurred because of travel due to the death of a dependent or immediate family member, travel to visit or care for an employee's terminally ill dependent, or for escort of a critically ill dependent to an out-of-town medical facility.

3. Medical Expenses – medical circumstances that result in severe injury, hospitalizations, surgery, terminal illness, extreme complications, or any other unexpected and immediate situation for employee and dependent that is not a result of routine health services. Please note that amount may fluctuate based on medical insurance plans and your eligibility for medical coverage.

4. Miscellaneous – for any eligible employee and their dependents that suffer a catastrophic event not covered in the categories above. *At the discretion of the Area Foundation, only severe financial hardships or other extreme catastrophic circumstances beyond the employee's control will be considered.

GENERAL INFORMATION AND DEMOGRAPHICS

Who Is Applying for Assistance?*

- Employee Spouse/Domestic Partner Eligible Dependent
 Other:

Employee Name*

First Name, Middle

Last Name

Applicant Name (If different than employee)

First Name

Last Name

Permanent Address*

City

State

Zip Code

Temporary Address

City

State

Zip Code

Home Phone*

Is it okay to leave a message?*

Yes

No

Alternate Phone*

Is it okay to leave a message?

Yes

No

Email*

Approval notification is sent to you by email. Please provide an email address where you can be reached at any time.

EMPLOYEE INFORMATION

Employee #*

Date of hire*

Job Title*

Work location*

City*

State*

DESCRIBE YOUR SITUATION

Which qualifying event caused your financial hardship?*

- Home Catastrophe Emergency Travel for Immediate Family
 Medical Expenses Other:

Choose the category that best fits your situation.

Name of Incident*

Date of Incident*

Ex: tornado, fire, flood, domestic abuse, etc.

Must be within 120 days

Describe the incident in detail. What happened and who has been affected?*

Estimate the financial impact of the incident: How much has this cost you? Has it made you unable to afford basic living needs?*

How many people live in your household?

Number of Adults _____ Number of Children _____

If your home was damaged, will insurance cover part of the costs?

Yes No

How much assistance are you requesting?

Assistance is not guaranteed and is dependent on your situation.

Payee Information

If the application is approved, payments will be made directly to a third-party vendor. Please provide the payee information including name of payee, payee address, and phone number. In the event of replacement of essential household items, and depending on the requested hardship assistance, a gift may be issued directly to the employee.

Note: The San Antonio Area Foundation cannot make payments without clear, complete information. Omitting this information will delay your application.

Payee Name*

Payee Address*

City

State

Zip Code

Payee Phone Number*

Payee Email Address*

Payee 2

Payee Name*

Payee Address*

City

State

Zip Code

Payee Phone Number*

Payee Email Address*

Declarations and Agreement

No employee is entitled to receive assistance, either by their employment, their history of contributions to the Tandy Employee Foundation or because of any precedent inferred from previous assistance from the Tandy Employee Foundation. Assistance will not be awarded before an employee has demonstrated an immediate financial need and provided all required documentation. All written and oral information and materials disclosed or provided by the employee to the San Antonio Area Foundation is considered confidential information. The San Antonio Area Foundation has the legal and ethical responsibility to safeguard the privacy of all employee to protect the confidentiality of their health and financial information; however statistical information will be reported to Tandy Leather on a periodic basis. Employees are expected to provide truthful and accurate information. In its due diligence, if San Antonio Area Foundation discovers any information to be untrue, it shall have the right but the obligation to unilateral waive its confidentiality and report its findings to Tandy Leather, provided no such closure is contrary to law. The fiduciary expectations of Tandy Leather employees are paramount, and breach of these standards will be reported to Tandy Leather.

Your signature below certifies that the information provided is true and complete, authorizes San Antonio Area Foundation to obtain and/or verify all information necessary to process this application, and releases Tandy Leather and San Antonio Area Foundation from any liability associated with the rejection of our funding of this application. In addition, you agree to provide the requested documentation supporting the information provided.

Signature

Date

Signature if different from employee

Date



Tandy Employee Foundation

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