

CLUB OF HEARTS, INC.
EMPLOYEE EMERGENCY FUND APPLICATION
FIRES AND NATURAL DISASTERS (EMPLOYEE)

(Use this form to apply for emergency cash for fires or other natural disasters.)

GENERAL INFORMATION

Recipient's Name	Employee's Name and Relationship to Recipient		
Recipient's Home/Cell Phone Number	Employee Number	Employee's Work Phone Number	
Employee's Full Home Address	Employee's Work Location		
List names of Spouse, Dependent Children and Other Household Members living with you			
Name	Date of Birth	Name	Date of Birth
Is your spouse a Georgia Power or Southern Company employee? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable			

Application Instructions

SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF BENEFITS. ANY AWARD OF BENEFITS IS SUBJECT TO THE ABSOLUTE DISCRETION OF THE CLUB OF HEARTS, INC. ALL APPLICANTS WILL BE NOTIFIED IN WRITING OF THE CLUB OF HEARTS BOARD'S DECISION TO APPROVE/DENY THE REQUEST. IF THE SUBMITTED APPLICATION IS NOT COMPLETE, IT WILL BE DENIED. PLEASE SEE THE CLUB OF HEARTS' EMPLOYEE EMERGENCY FUND GUIDELINES FOR MORE INFORMATION ABOUT ELIGIBILITY AND THE APPLICATION REVIEW PROCESS.

In applying for Employee Emergency Fund assistance, the Club of Hearts management and board **may** need to ask additional questions about your personal situation to make an informed decision. We also reserve the right to obtain additional information from the applicant, or other sources, while reviewing the request in order to verify the reported employee need/emergency.

The Employee Emergency Fund Guidelines are posted on the Club of Hearts website. Carefully review these guidelines as they are part of the application.

Internal - <https://soco365.sharepoint.com/sites/EAFVolsvcs/SitePages/Club-of-Hearts.aspx> or
 External - <https://www.georgiapower.com/community/community-and-civic/club-of-hearts.html>

Please follow the directions below in completing your application.

1. Completely fill out the application, including all information regarding family members (or others such as live-in companions) living with you, and submit the completed and signed application along with **copies** (not originals) of the following:
 - Documentation regarding your emergency situation (i.e. **copy of local fire department report showing proof of fire, etc.**) and what caused it.

2. Return the application with all supporting documentation to Club of Hearts via one of the ways listed below:

Mail to: Club of Hearts
 Bin 10042
 241 Ralph McGill Blvd.
 Atlanta, GA 30308-3374

Scan/email to: clubhear@southernco.com
Fax to: 404-707-2530

Employee Emergency Fund Application – Fires and Natural Disasters

Date of Application	<i>Be as detailed as possible with the description. Attach additional sheets, if needed.</i>	<p>Have you or any of your dependents ever received EEF funding for this same catastrophic event, related to a chronic, debilitating illness?</p> <p>↑No</p> <p>↑Yes If yes, please tell us when and why?</p>
Total Amount Requested (maximum amount is \$3,000)		<p>Have you or any of your dependents ever received EEF funding for a different catastrophic event?</p> <p>↑No</p> <p>↑Yes If yes, please tell us when and why?</p>
<p>NOTE: Emergency cash requests of up to \$3,000 may be granted for the specific purpose of covering immediate expenses associated with fires, tornadoes or other acts of nature. Any request for additional funds to cover expenses associated with the event must be submitted via the General Employee Emergency Fund Application within sixty (60) days of submission of this Employee Emergency Fund Application – Fires and Natural Disasters and be approved by a majority of the Club of Hearts Board of Trustees.</p>		
<p>Describe the recent catastrophic event that caused the financial hardship and the resulting expenses. Be as detailed as possible with the description.</p>		

NOTE: Any recipient of an emergency cash contribution of up to \$3,000 shall be required to provide a summary of expenditures and supporting receipts to Club of Hearts **within thirty (30) days following the date of disbursement** to ensure Club of Hearts remains in compliance with federal laws governing nonprofit organizations. Recipients are required to return any funds that have not been used for the purposes for which they were granted. Failure to adhere to these requirements will result in notification to the employee’s supervisor and possible investigation by the appropriate entities, including disciplinary action up to and including termination.

Please initial that you have read and acknowledge your understanding of these requirements before applying.

_____ I agree to abide by these requirements.

Declaration of Truth

I declare under penalties of perjury that I have examined this Employee Emergency Fund Application – Fires and Natural Disasters, including any accompanying attachments, schedules and statements, and to the best of my knowledge and belief, such documents are true, correct and complete. Furthermore, I understand that if I have knowingly provided any false information, my supervisor will be informed of my actions and the situation will be turned over to the appropriate company entities for further investigation and possible disciplinary action, up to and including termination.

If I receive a cash contribution for immediate expenses, I also agree to provide a summary of expenditures and supporting receipts to Club of Hearts within thirty (30) days following the date of disbursement. In addition, I understand I am required to return any funds that have not been used for the purposes for which they were granted.

- I would like to remain anonymous.
- I give my permission for the Club of Hearts to reference my EEF situation ONLY, during presentations to employee groups.
- I give my permissions for the Club of Hearts to use my name and EEF situation during presentations to employee groups.

Recipient/Employee Signature

Date