

The Big Lots Emergency Assistance Fund (BLEAF) 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 program. Big Lots 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. Please do not provide any documentation that includes your social security number or bank/credit card account numbers. Please redact or remove this information before sending us the document.

COMPLETE THIS FORM AND SEND TO:

- MAIL: Big Lots Emergency Assistance Fund C/O THE COLUMBUS FOUNDATION, 1234 E BROAD ST, COLUMBUS, OH 43205
- EMAIL: <u>BLEAF@columbusfoundation.org</u>
- FAX: 614-251-4010 (ATTN: COMPANY NAME EAP)

EMPLOYEE FIRST AND LAST NAME

HOME STREET ADDRESS (include apartment number if applicable)

HOME CITY

## HOME STATE

HOME ZIP CODE

EMPLOYEE ID

EMAIL

PHONE (Required for payment)

\$

## AMOUNT OF GRANT REQUESTED – Minimum amount is \$250

- Non-death related events: Maximum \$2,000
- Death of associate: Maximum \$5,000
- Death of eligible family member (see guidelines for list): \$2,500



## **BLEAF** ELIGIBLE HARDSHIP EVENTS PLEASE CIRCLE ONE; SEE GUIDELINES FOR ELIGIBLE FAMILY MEMBER LISTS

Acts of nature/ government declared disaster that affect an associate's primary residence	Federal or state declared natural disaster or emergency	House fire	Terrorist or military action disaster
Accident (unless caused by associate's or applicable family member's negligence, recklessness or intent)	Crime victim (non-violent or violent)	Death of associate or qualified family member	Domestic/physical abuse victim
Loss of child support Payments *Associate's inability to pay child support is not eligible	Military deployment	Short-term illness or other short-Term medical, dental, vision or hearing condition	Spouse/partner loss of job/income
Experiencing homelessness (see guidelines for eligible situations; can't be in violation of lease agreement)	Residential disaster (ownership required)	Non-routine vehicle repairs	

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

Please provide a description of your emergency 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, medical bills, etc.



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I attest that the information provided above is true to the best 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 that my receipt of the requested grant is dependent upon whether I am eligible for such grant and the availability of funds.

## ASSOCIATE SIGNATURE

DATE

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

