



APPLICATION FOR ASSISTANCE

Davey Tree Emergency Employee Assistance Program 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. The Davey Tree Expert Company 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 is REQUIRED. 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: DAVEY TREE EMERGENCY EMPLOYEE ASSISTANCE PROGRAM
C/O THE COLUMBUS FOUNDATION
1234 E BROAD ST, COLUMBUS, OH 43205**
- **EMAIL: DaveyTreeEEAP@columbusfoundation.org**
- **FAX: 614-251-4010 (ATTN: DAVEY TREE EMPLOYEE ASSISTANCE PROGRAM)**

EMPLOYEE NAME

EMPLOYEE ID

HOME ADDRESS (WITH CITY/STATE/ZIP)

WORK ADDRESS (WITH CITY/STATE/ZIP)

() _____
HOME PHONE

() _____
WORK PHONE

EMAIL

Have you been an employee with DAVEY TREE EXPERT COMPANY for at least 120 DAYS (since most recent hire date)?

YES No

\$ _____
AMOUNT OF GRANT REQUESTED (MAX \$3,000 PER GRANT; MAX \$6,000 LIFETIME)

EMERGENCY TYPE (PLEASE CHECK ONE AND LIST TYPE)

EMERGENCY HARDSHIP _____

QUALIFIED DISASTER _____

1 Please provide a description of your emergency that led to your request for help. Attach supporting documentation, such as photos or news stories if applicable. Use additional pages if necessary.

2 Please describe the needs that have resulted from the event. Attach supporting documentation, such as paystubs, mortgage/rent statements, utilities, medical bills, etc. Use additional pages if necessary.

3 Please itemize in detail the financial loss or expenses incurred. You must provide copies of estimates, bills, statements, or receipts. Use additional pages if necessary.

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 Davey Tree Expert Company Human Resources representative for the sole purpose of verifying employment. Davey Tree Expert Company will receive confidential reports that share the fund's balance and number of associates served. These reports have no personal identifying information.

