

ExplorUS Cares Foundation
Emergency Hardship Fund

PURPOSE

The Emergency Hardship Fund (the "Fund") is a charitable fund established by the ExplorUS Cares Foundation to provide assistance to employees of ExplorUS (the "Firm") who have been directly impacted by an emergency hardship, or who have been seriously impacted by an unexpected hardship. The awarding of individual grants will follow IRS Publication 3833.

QUALIFYING EVENTS

Natural Disasters

The following are some examples of incidents that may qualify as a disaster:

- Federally declared natural disasters or emergencies (e.g., hurricanes such as Katrina, tornadoes, floods, pandemics (COVID-19), etc.).

Economic Hardship

The following are examples of incidents creating economic hardship for which employees may apply for financial assistance:

- Acts of nature, such as hurricanes, tornadoes, floods, blizzards, ice storms, wildfires or earthquakes (not federally declared) that may result in major property damage to applicant's primary residence.
- House fire that results in the displacement of the employee and his/her family.
- Death of an employee or an employee's immediate family member resulting in a financial hardship.
- Other personal financial hardships caused by catastrophe including, but not limited to, hardships due to catastrophic medical expenses, illness, accident, or violent crime.

(Please note: Economic hardship does not include bankruptcy)

ELIGIBILITY

All employees of the Firm are eligible for a Disaster Relief grant, provided that the employee completes the attached application demonstrating how he/she has been impacted by a qualifying event.

An application must be made within ninety (90) days of the disaster to be considered by the Review Committee. Only one application may be submitted for a qualifying event.

GRANTS

At this time, ExplorUS Cares is able to award grants of up to \$5,000 per application. Award amounts are based on demonstrated need and available resources. As our foundation grows and with continued support from generous donors, we hope to increase this amount in the future to make an even greater impact.

Relief may be granted for:

- Basic living or personal expenses not covered by insurance or help from other organizations, including, but not limited to housing, home repair or replacement of contents (for primary residence only), food, clothing, transportation, and funeral expenses.
- Funeral expenses or other short-term financial assistance to an employee experiencing an emergency economic hardship beyond his or her control.
- Extraordinary medical expenses of a short-term nature not covered by insurance.
- The Fund provides one-time assistance to help employees get back on their feet with basic necessities. It does not help repair or replace everything lost or damaged in a catastrophe.

Relief will NOT be granted for:

- Lost compensation or wages; unpaid time off, items covered by an individual's insurance; routine, on-going or long-term medical expenses; elective medical procedures; insurance premiums; credit card debt or pay day loans; employee benefits during waiting periods for coverage; legal fees; and expenses associated with divorce settlements and child custody cases.

PROCESS

- The application for Disaster Relief is located on the ExplorUS Cares website. A request for a copy of the form may also be made to any member of the ExplorUS Cares Foundation Board, (the "Board").
- The application should be completed in its entirety to ensure prompt and effective consideration.
- The application may be sent to the Board via mail or email at the addresses provided on the application.
- The Board will evaluate the application and related information. The application and all related information will be kept confidential.
- The Board is comprised of volunteers who are not in a position to exercise substantial influence over the Firm.
- The Board may request additional information when the Board deems it necessary in its sole discretion.
- Pursuant to IRS rules, the existence of the Fund or the occurrence of a qualifying event does not guaranty a grant of relief.
- All decisions regarding eligibility for relief will be made in the sole discretion of the Board. A majority of the members of the Board must approve a grant.

- If the Board recommends an applicant receive assistance from the Fund, a disbursement will usually be sent directly to the approved applicant within 7-10 business days after the Review Committee's decision is finalized.

Note: An incomplete application will delay the evaluation process and may have to be sent back to the employee to be completed.

DONATIONS

The Foundation is a tax-exempt public charity qualified under Section 501(c)(3) of the Code. Donations to the Foundation are deductible for U.S. federal income tax purposes but will not be deductible in other jurisdictions. Although donations may not be earmarked for a particular individual, donations may be designated for the Fund. Donations may be made by personal check or draw account. Donation forms can be found on ExplorUS SharePoint: Economic Relief Donation Form.

Application for Employee Relief

Instructions: Please complete this form in its entirety. It is very important that you provide current and correct information. Any documentation that you have that supports your claim should accompany this application to ensure there are no delays in evaluating your request. Please keep a copy of the completed form for your records. The completed form can be sent by email to:

ExplorUS Cares Foundation - contact@exploruscared.com

If you email the form using your ExplorUS email account, ensure that you mark it "Private and Confidential."

Please complete all applicable sections. PRINT CLEARLY IF COMPLETING FORM BY HAND.

Section 1

Employee Name: _____

Employee ID: _____

Current Mailing Address: _____

(if displaced) _____

Permanent Mailing Address: _____

Current Home Phone: _____

Cellular Phone: _____

Office Location: _____

Please Check if this is a ☐ Natural Disaster

or

☐ Economic Hardship

Date of disaster/economic hardship: _____

List Legal Dependent(s) residing at your primary residence, along with their relationship to you:

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Information

Section 2a

☐ **Displaced due to Disaster or Hardship**

Description of situation:

☐ **Damage to Primary Residence**

Description of damage:

☐ Own ☐ Rent

Please indicate if you have:

☐ Homeowner's Insurance

Name of Company: _____

☐ Yes

☐ No

Amount of deductible \$ _____

☐ Renter's Insurance

Name of Company: _____

☐ Yes

☐ No

Amount of deductible \$ _____

☐ Damage to Automobile

Description of damage:

Please indicate if you have:

☐ Auto Insurance

☐ Yes

☐ No

Name of Company: _____

Amount of deductible \$ _____

☐ Transportation Assistance

Description of situation:

☐ Other Damage incurred due to Disaster or Hardship

Description of situation:

☐ Medical Expenses related to Disaster or Hardship

Medical Insurance? ☐ Yes ☐ No

Name of Company: _____

Co-pay Amt \$ _____

☐ Other

Section 2b

Please provide detailed description of financial responsibilities not being met such as shelter, clothing, transportation, or medical expenses not covered (for employee, spouse or child) or damages to primary property. (Attach documentation or additional sheets, if necessary.)

Section 3

Do you have other insurance coverage or any other source of income to assist with these expenses?

☐

Yes

☐

No

Please explain:

Please provide an itemized list of loss and estimated value. Attached additional pages if needed.

Damaged Items

Actual/Estimated Value

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Grand Total	\$

Section 4

All of the following information is critical in determining the eligibility of your request.

For audit and IRS compliance purposes, the following is a list of documents (to the extent applicable to the disaster or hardship) necessary for evaluating applications:

- Homeowners reporting damage to a primary residence
 - Required: a copy of a completed insurance claim form
 - Optional: copy of estimate of damage and/or picture
- Renters reporting damage to a primary residence
 - Required: a letter from landlord confirming damage to residence
 - Optional: copies of estimates of damaged items and/or pictures
- Automobile owners reporting damage to an automobile
 - Required: a copy of a completed insurance claim form
 - Optional: copies of estimates and/or pictures
- Other
 - Required: any document that may validate the loss described in the itemized list of damages above
 - Optional: copies of estimates and/or pictures
 - Optional: any additional information that provides evidence of need

I consent to the personal information which I have provided (and any additional information requested) being used for the purposes of processing this application.

To the extent that I have provided personal information about others, I confirm that I have sought their consent to their information being processed for the purposes of this application.

Print Employee Name _____

Date _____

Employee Signature _____