



ELIGIBILITY QUICK TEST FOR A DIRECT GRANT

Financial grants are designated for Itron-paid employees (full or part time). To determine if your circumstance qualifies for the Itron Employee Emergency Foundation's (IEEF) Direct Grant, please consider the following:

Is your financial hardship a **direct** result of one of the following circumstances?

- Natural disasters, such as floods, tornadoes, hurricanes, fires or earthquakes
- Serious illness or injury to employee or member of his or her immediate family¹
- Unforeseeable death of the employee or a member of his or her immediate family
- Unforeseen circumstances beyond the employee's control

If you answered "Yes" to the question above, you may be eligible for a Direct Grant through the IEEF.

If you answered "No" to the question above, you are not eligible for a Direct Grant. However, please feel free to contact the IEEF for further discuss possible assistance or referrals.

Call us at **(866) 277-2030** or **(509) 891-3016**, leave your name and number and an IEEF Representative will return your call as soon as possible. You can also send us an email at IEEF@itron.com.

For a current list of IEEF Representatives at each Itron location, or for more information, go to:

<http://www.ieef.net/>

¹ "Immediate family" means the employee, his or her spouse and children and other dependents for which the employee is financially responsible.



DIRECT GRANT APPLICATION

The IEEF helps employees who are unable to afford housing, utilities, food, clothing and other basic living expenses because of a natural disaster, a serious illness or injury, death, or other circumstances beyond the employee's control. *The maximum amount of each Direct Grant is \$10,000 for a given situation.* All U.S. and Canada Itron-paid employees (full or part time) are eligible for grants from the IEEF.

DIRECT GRANTS: The IEEF makes Direct Grants to help pay for basic living expenses when an employee cannot afford them because of a qualifying circumstance. Circumstances that may qualify for a Direct Grant fall into four categories:

- Natural disasters, such as floods, tornadoes, hurricanes, fires or earthquakes
- Serious illness or injury to employee or member of his or her immediate family
- Unforeseeable death of the employee or a member of his or her immediate family
- Unforeseen circumstances beyond the employee's control

Direct Grants are made to help pay for the following limited types of essential living expenses:

- Housing (must have received a past due notice)
- Utilities (must have received a past due notice)
- Food
- Clothing
- Travel-related funeral expenses (for employee or immediate family for whom they are financially responsible)
- Health care-related travel expenses (for employee or immediate family for whom they are financially responsible)
- Medical devices essential for daily living not covered by health insurance
- Medical expenses paid when financial resources have been exhausted
- Other expenses necessary to continue employment
- Non-preventable house repairs to ensure basic needs are met (shelter, mobility)

Direct Grants cannot be made to pay for other expenses such as insurance copays and deductibles, car payments, credit card bills, or home improvements.

Each application for a Direct Grant must include all of the basic information on following pages of this packet and the specific page referencing the reason for the application.

We strive to review grant applications within 48 hours upon receipt of all the required information. Applications can be reviewed more quickly if we receive additional important information about a situation. Send all information you think might be helpful, including past due bills or notices. If an employee is facing foreclosure or eviction, send copies of any letters received. If an employee needs assistance moving into new housing as a result of qualifying circumstances, please provide a letter from the landlord stating the amount for the first month's rent.

Each application for a Direct Grant must be signed by the employee and one advocate.

Advocates can be:

- IEEF Representative (For a list, go to: <http://www.ieef.net/>)
- HR Manager at your location

When the application is complete and has been signed, submit it to IEEF through internal mail, email scanned copies to IEEF@itron.com or deliver directly to an IEEF Representative.

If you have questions, call us at **(866) 277-2030** or **(509) 891-3016**. Leave your name and number and an IEEF Representative will return your call as soon as possible. You can also submit your inquiry through email at IEEF@itron.com.



BASIC INFORMATION

(must be completed for all Direct Grant applications)

SECTION A: GENERAL INFORMATION

Employee Name: _____ Employee Number: _____

Employee Address: _____

Employee Phone: _____ Employee Position/Title: _____

Itron Location: _____

Reason for Application: Natural Disaster Serious illness/Injury
 Death Catastrophic Circumstances beyond Control
 (be sure to submit the page titled for this reason also)

Brief Description: _____

Date of Occurrence: _____

Requested Amount: \$_____ (\$10,000 maximum) Duration of expected recovery? _____

Have you ever applied for a IEEF Direct Grant: (Yes or No) _____

If so, is this grant request related to the previous grant request? (Yes or No) _____

SECTION B: BASIC CONSIDERATIONS

What basic living expenses does the employee need help with?

- Housing Food Other: _____
 Clothing Utilities

How many people live with the employee? _____ Adult(s) _____ Child(ren)

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the employee being evicted or foreclosed? (If so, attach letters received from the landlord or mortgage company.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the employee seeking a grant to move into a new apartment as a result of a qualifying circumstance? (If so, attach letter from the landlord stating amount of the first month's rent.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the employee missed work because of the situation?
If so, how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any other member of the employee's immediate family missed work because of the situation?
If so, how much? _____ |

Your signature certifies the information provided is true and complete and authorizes the Itron Employee Emergency Foundation to obtain and/or verify all information necessary to process this application.

Employee Signature Employee Name (PLEASE PRINT) Date

SECTION C: ADVOCATE CERTIFICATION

I certify the submission of application for an IEEF grant by the employee listed above.

IEEF Representative/HR Manager Signature Name (PLEASE PRINT) Date



FINANCIAL WORKSHEET

Employee Name: _____
Phone: ____-____-_____

(To be completed as needed for Direct Grant applications)

******NOTE:** This **IS NOT** the Direct Grant application. This is part of the supporting documentation which should accompany the completed application.

The Itron Employee Emergency Foundation (IEEF) looks at all the 'bits and pieces' of every situation in order to determine eligibility. Seeing an employee's complete financial picture helps us to better understand and appreciate the employee's circumstances. Before receiving a grant, an employee must show that he or she can afford their bills going forward.

How many people live in the employee's household (including employee)? ____Adult(s) ____Child(ren)

Name (Optional)	Relationship	Age	Monetary Contributor?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Your Monthly Household Income:	Net (after taxes) Monthly Income
Employee's Net (after taxes) Pay (Monthly)	\$
Spouse's Net Pay (Monthly)	\$
Contributions From Other Adults in Home	\$
Child Support and/or Alimony Received	\$
Disability Insurance Received	\$
Social Security/Pension Received	\$
Other Income (Monthly)	\$
Total	\$
Your Monthly Household Expenses:	Monthly Expenses (full amount)
Current or Proposed Rent/Mortgage	\$
Primary Utilities (gas, electricity, water/sanitation)	\$
Other Utilities (cable, phone, etc.)	\$
Home Owner Fees/Property Taxes (if applicable)	\$
Car Loans	\$
Credit Cards	\$
Child Support and/or Alimony Paid	\$
Medical Bills/Co-pays/Medicine	\$
Food	\$
Day Care Expense	\$
Transportation Cost (Gas)	\$
Other:	\$
Total	\$

Your application **IS NOT** complete without our receipt of **ALL** relevant supporting documentation (i.e., copies of past due rent, mortgage or basic utilities). See our web site at <http://www.itronemployeeemergency.org/#directGrants> for a complete list of required documents.



NATURAL DISASTER

The Itron Employee Emergency Foundation can help employees who are unable to pay for housing, utilities, food, clothing and other basic living expenses because of a natural disaster, such as a fire, flood, tornado, hurricane, or earthquake that has damaged or destroyed their primary residence. We are not a replacement for insurance, and we cannot pay to repair or rebuild houses or other property unless basic necessities are unavailable (water, power, heat, shelter) nor can we pay for insurance deductibles. Additionally, we cannot pay to replace non-essential things, such as electronics or living room or dining room furniture.

What type of natural disaster has affected the employee?

- Fire
 Tornado
 Flood
 Hurricane
 Earthquake
 Other: _____

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the employee have insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the insurance company paying for the employee's immediate needs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will insurance reimburse the employee for any out-of-pocket expenses for basic living expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the employee live in his or her primary residence? |

Where is the employee currently living? _____

What basic, essential things did the employee have that were damaged or destroyed? _____

If an apartment was damaged or destroyed, what is the apartment complex or the landlord doing to assist the employee? Please provide any letters or other supporting documents.

Describe in detail the employee's immediate needs (feel free to use additional pages if necessary): _____

Please tell us anything else that would help us assess this application (feel free to use additional pages if necessary):

If there is a fire, police or insurance report, please include a copy.



SERIOUS ILLNESS OR INJURY

The Itron Employee Emergency Foundation can help employees who are unable to pay for housing, utilities, food, clothing and other basic living expenses because of a serious illness or injury to the employee or a member of the employee's immediate family. We can only provide assistance if the illness or injury is serious. Although we look at each application on a case-by-case basis, we usually cannot help if the person is suffering from a chronic condition. Additionally, we are not a substitute for medical or other insurance, and we cannot pay deductibles. Medical expenses will be reimbursed based on Itron's Medical Plan #1 coverage. Employees do not automatically qualify for a grant when they or a member of their immediate family, are diagnosed with a serious illness or when they suffer a catastrophic injury. Employees receiving a Direct Grant must be unable to pay for their basic living expenses. Direct Grants cannot be made before an employee has an immediate need.

Who has been affected by the illness/injury? _____

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the employee have financial responsibility for the affected person? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the affected person covered by medical insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the affected person have any medical bills that are not covered by insurance?
If so, how much? \$_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the affected person covered by disability insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the affected person receiving disability benefits?
If so, how much? \$_____ |

Describe in detail the employee's immediate needs (feel free to use additional pages if necessary): _____

What other financial resources have been exhausted: _____

Please tell us anything else that would help us assess this application (feel free to use additional pages if necessary):



DEATH

The Itron Employee Emergency Foundation can help employees who are unable to afford housing, utilities, food, clothing and other basic living expenses because of the death of the employee or a member of the employee's immediate family. The IEEF may be able to help if the loss of income or the payment of funeral expenses or medical bills prevents an employee or the employee's immediate family from paying for their basic living expenses. "Immediate family" means the employee, his or her spouse and children and other dependents for which the employee is financially responsible. The IEEF may also be able to pay expenses to bring a child whose parents have died to live with a new family, typically a relative. The IEEF cannot pay for grave markers.

What relationship did the person who died have to the employee? _____

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Did the person have life insurance? If so, who is the beneficiary? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is there interment insurance? (Burial or funeral coverage)
<input type="checkbox"/>	<input type="checkbox"/>	Did the employee have financial responsibility for the person who died?
<input type="checkbox"/>	<input type="checkbox"/>	Are there outstanding medical bills? If so, how much? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Did the person who died work outside of the home or have other income?

Describe in detail the immediate needs of the employee or the employee's family

(feel free to use additional pages if necessary): _____

Please tell us anything else that would help us assess this application (feel free to use additional pages if necessary):

If deceased is employee, representation of employee can be board member in conjunction with family members.



UNFORESEEN CIRCUMSTANCES BEYOND YOUR CONTROL

The Itron Employee Emergency Foundation can help employees who are unable to afford housing, utilities, food, clothing and other basic living expenses resulting from unforeseen circumstances beyond the employee's control. This may be a serious crime against the employee or a member of the employee's immediate family, domestic abuse, or other situations the employee could not avoid or prevent. The IEEF cannot help if an employee is unable to pay for basic living expenses because of credit card bills or because of temporary loss of work of the employee or a member of the employee's family. Additionally, Direct Grants cannot be made before an employee has an immediate need.

Describe what has happened. Include any information that would help us assess this application
(feel free to use additional pages if necessary):

Is there insurance that would help in this situation? Yes No

Describe in detail your immediate needs (feel free to use additional pages if necessary): _____

If there is a police report or other related documents regarding the situation, please include copies.