



# EMPLOYEE EMERGENCY FOOD GRANT APPLICATION

**Overview** The Itron Employee Emergency Foundation (IEEF) can, at its discretion, award a Full Time Itron employee an Emergency Food Grant. An Itron employee in need of emergency food help is eligible to apply once per year. Emergency Food Grant value is based on household size (\$50 for individual, \$100 for couple, \$150 for family of 3, or \$200 for family of 4 or more). Household size subject to verification by HR.

- Processing Emergency Food Grants**
1. Once the application below has been completed, email the Emergency Food Grant to the [IEEF@itron.com](mailto:IEEF@itron.com) or deliver to your local IEEF Board Member.
  2. Once the Emergency Food Grant has been approved, the IEEF Board Member will deliver the Emergency Food Voucher to the applicant.
  3. Employee will receive a voucher to a local grocery store in their area.

## Employee Information *(please type or print clearly)*

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Employee Phone: \_\_\_\_\_ Employee Position/Title: \_\_\_\_\_

Itron Location: \_\_\_\_\_ Employee Manager \_\_\_\_\_

How many people live in the employee’s household (*including employee*)? \_\_\_\_\_ Adult(s) \_\_\_\_\_ Child(ren)

Reason for Application – please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information above is correct and valid. By sending this form to the Itron Employee Emergency Foundation, I am providing this certification to the Foundation.**

\_\_\_\_\_  
Employee Name (PLEASE PRINT) Date

\_\_\_\_\_  
IEEF Representative Name (PLEASE PRINT) Date

\_\_\_\_\_  
HR Representative/Manager Name (PLEASE PRINT) Date

**IEEF Representative: Please circle below amount of voucher to be approved:**

- \$50 (employee only)
- \$100 (2 in household)
- \$150 (3 in household)
- \$200 (4 or more in household)