



Vandor and its subsidiaries and affiliates have established the Vandor Hope Fund ("VHF") to provide confidential help for fellow Team Members during times of crisis. This fund will be used to provide disaster relief and emergency hardship assistance to Vandor Team Members who have suffered severe financial hardship from a catastrophic event. If you are currently experiencing hardship, please review all details listed below prior to submitting the attached application.

Purpose:

The purpose of the Fund is to provide financial assistance for shelter, medical attention, clothing and other relief to Vandor Team Members and their dependents with an urgent need for temporary help due to hardship from a catastrophic event. The fund is focused on assistance, particularly emergency family and housing needs, not covered by other programs. The fund is administered by the Vandor Hope Fund Review Committee, together with the Wayne County Foundation.

Expenses Qualifying as an Emergency Hardship resulting from a Catastrophic Disaster:

Emergency hardships are considered any of the following which cause the Team Member severe financial hardship for which there is no other source of funding.

- Expenses due to catastrophic property losses not covered by insurance. Funds needed to establish or re-establish a habitable and safe residence following a natural disaster such as a hurricane, fire, flood or tornado.
- Expenses due to a catastrophic medical emergency not covered by insurance. Funds needed to pay bills not covered by insurance.
- Other events that do not fall under either of the above categories but are otherwise unexpected and catastrophic emergencies occurring at a time when the Team Member is facing severe financial hardship and has exhausted all other sources of funding.

None of the above examples constitute automatic awarding of assistance from the Vandor Hope Fund. Losses or expenses covered by insurance will not be considered appropriate for assistance from the fund.

Eligibility:

To apply for a grant from the Vandor Hope Fund, applicants must be a full-time, active Vandor Team Member and must have a demonstrated financial need arising from a catastrophic event that has occurred within the last 90 days while they are employed by Vandor. The VHF Review Committee reserves the right to require additional documentation when needed.

All applicants must complete the attached application. Whenever available, applicants must submit copies of medical bills, rent or mortgage payments, utility bills, insurance policies, or written estimates of repairs. In the event of a natural disaster, a fire, flood, or similar incident, an incident report should be attached.

In most cases, grants average between \$250-\$3,000.

"DO NOT JUDGE
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SUCCESS, JUDGE
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GOT BACK UP
AGAIN."
-NELSON
MANDELA





Financial Needs Considered by the Fund:

Below are some examples of financial needs covered by the plan. This list is not all inclusive and does not constitute automatic awarding of assistance.

- Housing - Extraordinary expenses not covered by insurance, emergency relocation expenses, and other emergency housing needs.
- Medical as the Result of a Catastrophic Disaster - Critical medical care, insurance deductibles, supplies (replacement of prescription drugs, eyeglasses, wheelchairs, dentures or other items lost or damaged) not covered by insurance.
- Clothing - Replacement of business attire or school clothing for children.
- Miscellaneous- Emergency interim daycare arrangements, baby equipment (car seat, stroller, crib, etc.) and replacement of school or occupational supplies.

Review/Decision Process:

There are multiple steps in the review/decision process:

1. First, a VHF Review Committee Representative will review all requests.
2. Second, the Vandor Hope Fund Committee (comprised of several Team Members from various locations/departments/roles that understand the need for strict confidentiality) will review the requests that meet the guidelines of the program, along with any supporting documentation provided.
3. The Vandor Hope Fund Committee will decide on each application and determine the amount of assistance.
4. Once the determination is made, the requesting Team Member will receive notification of approval/denial via phone or email correspondence.

Additional Information:

Once an application is submitted and received by the VHF Review Committee, one of its representatives will review the application and let the applicant know if any additional information is needed. The VHF Review Committee reserves the right to collect additional information as needed. An application will not be considered until it is determined that all supporting documentation is present, and the application is verified as completed. This stage is estimated at 7-10 business days; however, timing may vary.

If you complete an application and the award is granted, you will receive information regarding the process of receiving the grant.

Grants in the US are not considered part of your taxable income. Wayne County Foundation (WCF) is a US based 501(c) (3) tax-exempt, public, nonprofit organization with IRS approval. The WCF administers the grants. These are grants (not loans) and do not have to be repaid.

This application can be translated into Spanish upon request. If a computer is not accessible in order to apply, please contact 765.966.7676 for more information.

In addition to this fund, Vandor offers a Team Member Assistance Program if you find yourself in need of counseling or legal advice. If you find yourself in need of additional support, please do not hesitate to contact HR.



Vandor Hope Fund

ASSISTANCE REQUEST FORM

TEAM MEMBER INFORMATION (CONFIDENTIAL - COMMITTEE USE ONLY)

Team Member Name:

Address:

Phone Number:

E-mail:

FINANCIAL OBLIGATIONS AND NEED

What is the dollar amount that you are requesting?

\$

Please explain how you anticipate utilizing the funds requested:

Please provide a brief description of the event that caused the economic hardship:

Date of the event causing the financial hardship (must be within previous 90 days): ____ / ____ / ____

How many people live in your household including yourself? ____ Adult(s) ____ Children/Dependents

This fund is a *last resort*. Please list all other efforts you have put forth to alleviate your financial hardship:

Have you applied for financial assistance from the Vandor Hope Fund in the past? ☐ Yes ☐ No

If yes, when? ____ / ____ / ____ What was the outcome? ☐ Approved ☐ Denied

By signing below I acknowledge that I understand this is an application and that I am not entitled to receive this grant, either because of my employment, my history of contributions to the fund or because of any precedent inferred from a previous grant from the fund. Grants will not be made before a Team Member has demonstrated an immediate need. This application will be treated in a confidential manner by Vandor; however, non-identifying statistical information will be reported on a periodic basis.

Team Members are expected to provide truthful and accurate information. In its due diligence, if Vandor discovers any information to be untrue, it shall have the right to use any means necessary to recoup granted funds fraudulently obtained, up to and including legal action. The expectation of all Vandor Team Members is to be honest and truthful, and a breach of these standards is grounds for dismissal. Your signature below verifies that the information provided is true and complete and authorizes Vandor to obtain and/or verify all information necessary to process the application. In addition, you agree to provide the requested documentation supporting the information provided.

Team Member
Signature:

Date: ____ / ____ / ____

For More Information or to Submit Request:

📍 4251 W. Industries Rd. | Richmond, IN 47374

📞 765.966.7676 x203 or x290

🌐 vandorcorp.com/hopefund

✉ vandorhopefund@vandorcorp.com

OFFICE USE ONLY

Received by:

Date Received: ____ / ____ / ____

Committee: ☐ Database: ☐ Dec. Relay: ☐ GA: ☐