



Goodwin Living Foundation Team Member Support Fund

(Financial Assistance Grants) – We offer confidential financial emergency assistance grants for those experiencing a significant financial hardship or catastrophic event. There is no guarantee that funds will be available for each request, as this Fund is provided only through contributions from donors. The goal of these grants is to assist in diminishing severe financial burdens on our team members. In addition to providing emergency financial support, we also encourage team members to seek additional resources to expand their financial education.

Eligibility Requirements:

These grants are available for full and part-time team members who have worked at least 90 days. The committee will consider up to \$3,000 per team member in a calendar year, based on eligible circumstances and documentation, with higher amounts reserved for extreme circumstances. Applications for situations affecting multiple family members who are team members of Goodwin Living will be limited to one grant application per emergency event.

To be eligible for consideration, a team member must be determined to be in good standing. A team member is not in good standing if a disciplinary action has been received within the past 90 days leading up to the date of a fully completed application. Note: if a disciplinary action is underway at the time of application, it may impact eligibility for an emergency grant. Additionally, if a team member has received a final warning within the last 12 months, the team member is also deemed ineligible for the grant.

After two consecutive years of being awarded multiple grants, team members are not eligible for a grant the following third year. They will be eligible again in the fourth year to apply.

Prior recipients must **complete the financial education requirement within 60 days of their grant, or they will not be eligible for future grants for three (3) calendar years.**

Taxable Income:

The IRS had determined that payments from this grant to employees are considered taxable income. **The Foundation is covering the applicable taxes on your behalf;** however, you will see an increase to your taxable income on your next paystub equivalent to the amount of the funds received. As the Foundation is covering the tax liability, there should be little to no tax effect to you.

Impact on Income-Based Programs:

Accepting these funds can affect individuals who are in affordable housing or other income-based government programs. If you are in an income-based program, such as affordable housing, we recommend reviewing the eligibility requirements before applying for or accepting additional funds. **For some individuals, accepting additional funds may put them over the income limit and affect their eligibility as these funds will show an increase in your income.** If you have questions, please inquire further before applying.

If you are in an income-based program, such as affordable housing, we recommend reviewing the eligibility requirements before applying for or accepting additional funds. For some individuals, accepting additional funds may put them over the income limit and affect their eligibility as these funds will show an increase in your income.

Financial Education Requirement:

Following approval of any grant, the committee requires each grant recipient to enroll in the Truist Momentum program and complete both the Budget pillar and Emergency Savings pillar within 60 days and before additional applications can be submitted. Recipients must send proof they have completed the educational requirement to the Team Member Engagement and Outreach Manager within the 60-day time frame. Acceptable proof is a screenshot of enrollment and completion of the pillars. Please note, if a team member has difficulty with technology, they should contact the Team Member Engagement and Outreach Manager for support to complete the requirement.

If a recipient does not complete the financial education requirement within 60 days, they will not be eligible for future grants for three (3) calendar years.

The committee reserves the right to require applicants to attend a one-on-one financial counseling session through the complimentary Truist program for situations such as but not limited to credit card debt in excess of \$10,000, rent that is multiple months behind, etc. For applicants who receive more than one emergency grant within a calendar year, a one-on-one financial counseling session through the complimentary Truist program is a requirement. The team member would need to show proof of attending this session.

If a recipient does not complete the financial education requirement within 60 days, they will not be eligible for future grants for three (3) calendar years.

After two consecutive years of being awarded multiple grants, team members are not eligible for a grant the following third year. They will be eligible again in the fourth year to apply.

Grants will be considered due to these potential emergency situations and are considered on a case-to-case basis:

- Extended illness or disability, not covered by short-term disability
- Displacement due to fire or flood, or other natural disaster
- Loss of personal possessions/property due to fire or flood, after due diligence of contacting insurance
- Need for temporary housing to escape an abusive situation
- An urgent, emergency situation that causes an inability to pay:
 - Rent/mortgage payment (only the team member's portion will be considered: provide proof of other persons who live in the household and their contribution to the monthly payment, financial bill/statement must be itemized to show charges) and up to one month's worth of late fees
 - Electricity, water, or gas bills (only the team member's portion will be considered: provide proof of other persons who live in the household and their contribution to the monthly payment) and up to one month's worth of late fees
 - Healthcare expense/co-pay for medical emergency (be able to show proof of your relationship to the name on the bill, if not for the team member) after calling the medical provider to apply for financial assistance and hardship support, and will cover up to one month of late fees

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Last Updated 2/12/2026

- Rideshare company costs due to unexpected interruption of primary transportation to and from work, such as a car accident that makes the applicant's car inoperable
- Emergent car repairs (must show itemized list of emergency repairs, proof it is their primary vehicle and proof the repair shop is licensed), regular maintenance will not be eligible
- Other (each "other" grant will be considered on a case-by-case basis)
- Examples of requests that are not eligible to be considered include: taxes, HOA fees, credit card payments, cable and phone bills, legal fees, and travel expenses.

*Please note, in certain circumstances, team members may be referred to the Human Resources office for the interest-free emergency loan program, if criteria for emergency grants are not met or the amount approved exceeds the \$3,000 maximum.

Guidelines for Applying for a Financial Assistance Grant:

- Complete the application form with as much information as possible and provide **all documentation** as requested.
- **Copies of overdue/late utilities, rent, medical bills, an estimate of emergency repair and any other documents needed for consideration must be attached to the request.**

Goodwin Living Foundation
Financial Emergency Assistance Fund

*Please complete and **email** all documents to **Catie Ramos** at **cramos@goodwinliving.org**

Name _____

Home Address _____

Date _____

Department _____

Service Line (check): GHA GHBC TVA GLAH HCBS Home Office

Status (check) Full Time Part Time

Phone _____

Email _____

Which is the best way to contact you (please **check** one): Phone or Email

**Please note, it is very important that you list a phone number and email address that you check often.*

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This committee may require additional information about your application after it has been submitted. Failure to reply timely to questions from our processing team will result in a grant application denial.

Total Amount Requesting: _____

Describe in detail the reason for needing the Emergency Assistance Grant. The grant will not be considered without detailed completion of this section.

Please give any additional information about your situation, which may be helpful to the committee members making the grant decisions.

List specific bills, their due dates and specific dollar amounts needed from the Emergency Grant Fund. **Attach copies of these bills.**

Bill: _____ Due Date: _____ Amount: _____
Bill: _____ Due Date: _____ Amount: _____
Bill: _____ Due Date: _____ Amount: _____

Total Amount Requested: _____

When possible, we prefer to make grant payments to the company directly using a check or credit card.

Can we make this payment using a credit card? Yes or No (check one)

Please provide the information needed to make the payments you are requesting.

Company Name: _____

Billing Address (to send a check): _____

Phone Number (to pay with credit card): _____

Company Name: _____

Billing Address (to send a check): _____

Phone Number (to pay with credit card): _____

If you are in an income-based program, such as affordable housing, we recommend reviewing the eligibility requirements before applying for or accepting additional funds. For some individuals, accepting additional funds may put them over the income limit and affect their eligibility as these funds will show an increase in your income.

I certify that the information given in this application is true and complete in all respects. I agree that any omission or misrepresentation by me on this application may result in automatic rejection of this application and possible disciplinary action.

I understand that completion of this application does not guarantee that I will receive a grant. My application will be reviewed during the following week's committee meeting - once all necessary documentation is submitted. The Emergency Grant Fund Committee will determine the amount of financial assistance I will receive, if any. In certain cases, team members may be referred to the Human Resources office for the interest-free emergency loan program, if criteria for emergency grants are not met.

I authorize the members of the Emergency Fund Committee to contact appropriate resources as necessary to establish the credibility, validity and information appropriate to make decisions.

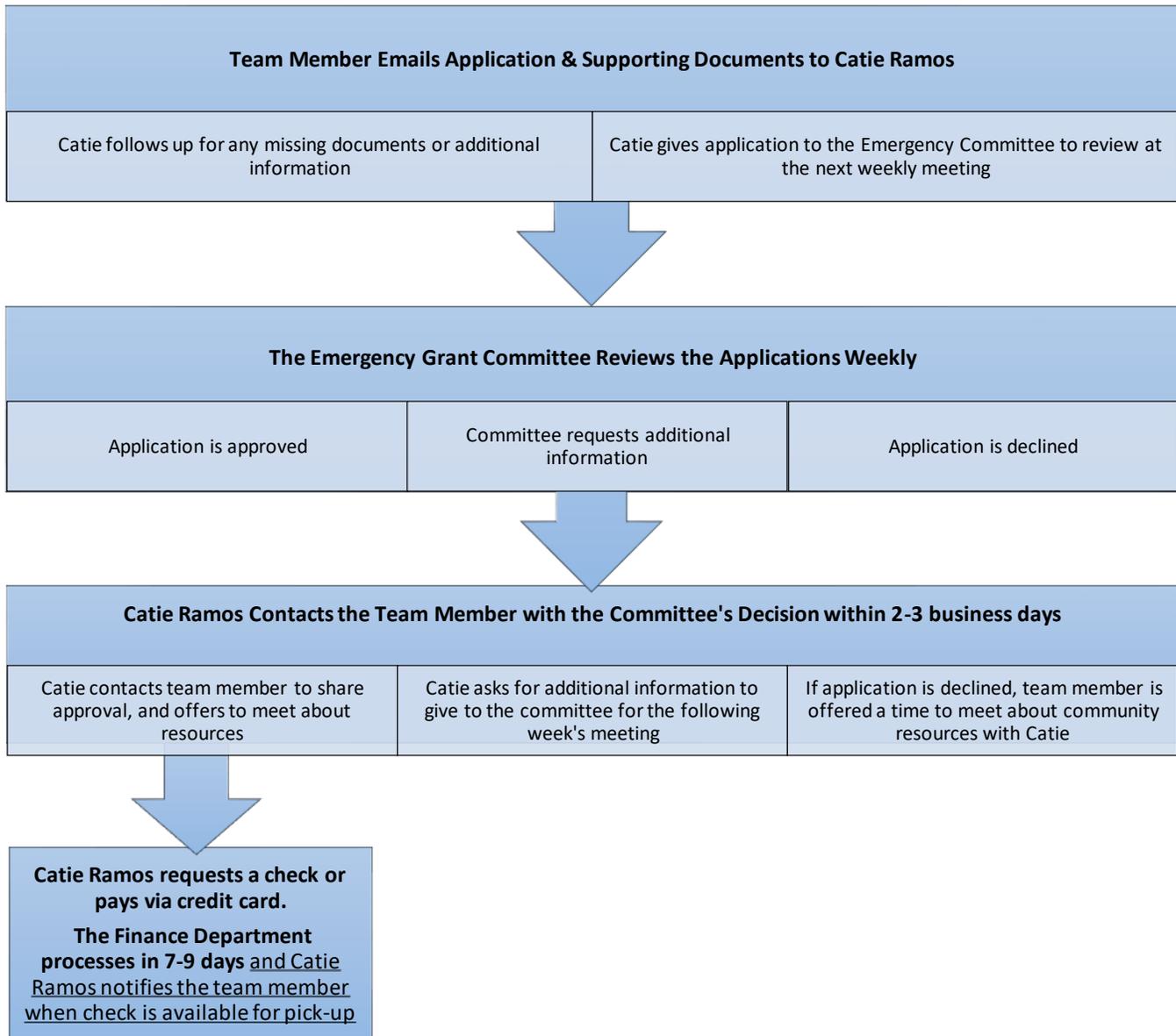
Signature _____

Date _____

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How the Process Works!

This is intended to help applicants understand the Goodwin Living Foundation Financial Assistance Grant process from start to finish. Please review.



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