



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Staff Members who have been Temporarily Furloughed,

The past three weeks have been like no other for our YMCA. We have been challenged to manage the extraordinary impact this global health crisis has on our business and our ability to serve our community. In an effort to stabilize the organization, we've been tasked with making decisions that were at one time unthinkable.

In addition to the information you have received from our Human Resources Department, I wanted to share that we have created an Emergency Hope Fund specifically for our furloughed staff. This fund is intended to provide part-time and full-time staff who have been significantly impacted with access to financial resources to support immediate and essential needs, primarily housing, medical and food, within our available resources.

The Emergency Hope Fund Application is included in this PDF. Once filled out, these should be emailed to hopefund@ymcamidtn.org. If you need help with this application, please email or call our Chaplain, Dori Gorman at dgorman@ymcamidtn.org or 773-251-5587.

In an attempt to be as equitable as possible, prioritizing resources to those with the greatest needs first, we are asking you to apply within this time frame:

- If you have less than \$1000 in your household bank account(s) and you have no other means of income or support, please apply between April 1st and April 10th.
- After April 10th, we will assess the remaining resources and communicate if the Hope Fund will be available for additional staff.
- If you are a furloughed Full-Time staff person who will be receiving severance on April 17, please do not apply at this time. If, however, you have extenuating circumstances that you would like considered, please apply with an explanation of your circumstances.

Once you apply you can expect to hear from us within 5 business days. While you will get a response, please note that it will take longer to arrange any potential disbursements.

Each one of you has an important role in serving our families and communities. We know that once this crisis is behind us, it will take all of us to make our communities strong again.

Be well. Stay healthy.

Dan Dummermuth, CEO



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HOPE FUND APPLICATION

As of April 1, 2020, the Hope Fund will be used to provide assistance to YMCA of Middle Tennessee employees who have been temporarily furloughed. The Hope Fund is intended to provide part-time and full-time staff who have been significantly impacted by COVID-19 with access to financial resources to support immediate and essential needs, primarily housing, medical and food, within our available resources.

Email completed application to hopefund@ymcamidtn.org.

Name: _____ Part-Time Furloughed Full-Time Furloughed

Job Title: _____ Center/Program: _____

Address: _____ Email: _____

_____ Phone: _____

Household Balance you currently have available (savings, checking, in cash): _____

Please list the average amount you pay each month in each category:

	Amount	Next Due Date
Housing		
Medical		
Electric/Gas		
Water		
Food		

Do you have other sources of assistance (WIC, Food Stamps, etc.)? Yes No

If yes, please list with amounts: _____

Please list all people living in your household (both adults and children). Include your relationship to each person, their age, and the amount of income each person is making:

	Name	Relationship	Age	Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

What type of assistance is needed? Attach supporting documentation as needed. (Please do not provide any medical information, including names of prescriptions.)

- Rent/Mortgage:** for staff at risk of losing their home due to the inability to pay rent or mortgage.
Provide a statement for verification. Any payment will be made directly to the landlord or bank.
- Utilities:** for staff at risk of having their electricity, gas or water shut off due to an inability to pay.
Provide a statement for verification. Any payment will be made directly to the utility company.
- Food:** for staff who are unable to feed their families due to lost wages.
Any help with food will come in the form of a grocery store gift card (\$250 max).
- Emergency Medical:** for staff who are unable to pay new medical bills during this ongoing crisis.
Provide a bill for verification. Any payment will be made directly to the medical facility.

Description of Need: Please describe your current financial/resource situation and explain your specific request. Attach additional pages as needed.

Amount requested: _____ (\$500 max) Date needed: _____

I attest that the information provided is accurate to the best of my knowledge. I understand that Hope Fund awards are gifts which do not require repayment and are considered taxable income by the IRS. I acknowledge that this application may be discussed with YMCA staff other than those on the Hope Fund Committee, but that discussion will be limited to as few people as possible to reach an award decision.

Signature: _____ Date: _____