

REGAL CARES FUND
Guidelines
In Partnership with Helping Hands Ministries, Inc.

Purpose: To support Regal Marine Industries team members in times of crisis with the overarching mission of reaching out to one another and creating an eternal culture of caring, we have partnered with a not for profit charity Helping Hands Ministries, Inc.

The Regal Cares Fund is available to help any Regal Marine Industries team member who is experiencing financial difficulty due to a catastrophic event or dire situation. Although there are conditions and criteria that must be met to receive assistance, these criteria are not meant to exclude any applicant. However, since the fund is supported by Regal, Regal's team members and its associates, it is essential to have the necessary tools to identify the truly difficult situations to preserve the original intent of the Fund, and to prevent possible misuse or abuse.

Important points to remember:

- ❖ The Regal Cares Fund committee reviews all applications, yet there is no guarantee that a request will be fulfilled. If a request is denied, every effort will be made to refer the applicant to other community sources of support.
- ❖ The committee reviews all applications on a case-by-case basis
- ❖ The Fund will typically pay expenses associated with the crisis situation directly to the institution (which may include rent, utilities, medical bills, and other essentials) and will generally not exceed \$1500 in a calendar year
- ❖ The Regal Cares Fund committee reserves the right to approve or deny any request based upon these guidelines and the information provided in the application. The ultimate decision and distribution of the funds will rest with Helping Hands Ministries, Inc.
- ❖ A team member does not have to contribute to the Fund to be eligible to apply
- ❖ For questions about the application process, please contact Human Resources

To apply for emergency funds, the team member must:

- ❖ Have had an catastrophic event or be in a dire situation;
- ❖ Be employed by Regal Marine Industries for at least 60 days;
- ❖ Have exhausted all personal resources; and
- ❖ Complete an application form and include documentation of expenses for which the team member needs assistance

Examples of a catastrophic event or dire situation may include:

- ❖ Sudden death funeral expenses
- ❖ Medical expenses not covered by insurance for serious illness or injury
- ❖ Housing or transportation needs caused by unexpected event
- ❖ Physical abuse/abandonment; dramatic changes in domestic situation

Some examples of situations not eligible for assistance:

- ❖ Accident for which there is insurance or other resources
- ❖ Financial difficulty due to continual poor money management
- ❖ Applicant employed for less than 60 days

****Exhausting all personal resources means that applicant has no other financial means to take care of the catastrophe or dire situation. Our goal is to relieve employees of the effects of a financial hardship which, without assistance, may mean financial ruin or forced government participation.**



Regal Cares Corporate Assistance Program

Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Email _____

Amount: \$ _____

Describe the financial need you are experiencing and your capacity to meet that need:

I certify that the above is true and correct and authorize the Regal Cares Committee to consider my statements in application for a grant. If any of the above statements change prior to the grant award being made, I will provide an update to the Regal Cares Committee. I agree to the release of confidential information to the Regal Cares Committee and/or Helping Hands Ministries, Inc. and to allow verification of information, including a credit bureau check, prior to the receipt of funds.

Applicant Signature

Submission Process

- 1) Complete the application, sign and submit to **Human Resources**
- 2) The committee will review your application in accordance with the Regal Cares Fund Corporate Assistance Program Bylaws. Based upon the initial assessment by the committee, you will be referred to a program coordinator from HH Charitable, who will gather basic information about your current need.
- 3) The HH Charitable Project Coordinator will advise the committee of the financial need which maintaining your personal information in confidence.

For Committee Use Only

Date Received: _____ Denied _____ Reason for Denial _____
Approved _____ Date Referred to Helping Hands _____ Date Employee Notified _____