



# Request for Assistance

## **About CommutAir Cares**

The goal of **CommutAir Cares** is to provide assistance to CommutAir employees, affiliates, and stakeholders as well as nonprofit organizations in need due to **unforeseen** circumstances. Funding for grants comes primarily from employee contributions.

## **CommutAir Cares Decision Criteria**

The items below outline what the CommutAir Cares Board of Directors will consider when deciding to fund a grant request and determine actual need. This process is designed to avoid bias in decisions and ensure that CommutAir Cares adheres to its mission.

**Personal:** The grant will aid a CommutAir employee, affiliate or stakeholder, their family member or other closely related person, or an organization with which they have a direct on-going association.

**Triggering Event:** The event causing the need for aid was specific, sudden and unexpected. The situation developed/continues through no fault of the potential grant recipient.

**Timely:** The triggering event occurred recently enough that grant will have a direct impact, generally within six months of the application.

**Last Resort:** Reasonable efforts have been made to secure other forms of support and all attempts were either unavailable or were insufficient to fill the need.

**Specific Use:** The requestor has specified how the funds will be used and that use will have a direct impact to relieve the situation.

**Clear and Valid Documentation:** The requestor has provided evidence of the triggering event occurrence, financial costs incurred and need for funds.

In order for the organization to consider your request, please complete this request for assistance form and return it in person to a member of CommutAir Cares or email it to [commutaircares@commutair.com](mailto:commutaircares@commutair.com). Your request will be reviewed by the Board of Directors at the next meeting\*. Once reviewed, you will be contacted by the Board to inform you of a decision. Thank you for your request.

**Name:**

*First*

*MI*

*Last*

**Address:**

*Street*

*City*

*State*

*Zip Code*

**Email Address:**

**Phone Number:**

**Ext.:**

**Requestor's relationship with CommutAir:**

**Are you requesting assistance for yourself or another?**

**Employee:      Affiliate:      Other:**

**This request is for:      Myself      Another**

If "Other" please identify below:

If this request is for another, please identify below:



# *Request for Assistance*

## **REASON FOR REQUEST**

Please explain below how this request will meet the goals and decision criteria of CommutAir Cares as stated above. Be specific about the triggering event that caused the need, subsequent events and financial impacts. Provide dates of occurrences. Attach any supporting documentation or expanded explanation along with this request form for consideration.

## **OTHER ASSISTANCE**

CommutAir Cares is intended as a "last-resort" option. Please list or attach documents demonstrating other assistance that has been or is being sought.

## **SPECIFIC REQUEST**

Specify the dollar amounts requested and how you will use those funds. Be as detailed as possible as to how the amounts are calculated. Provide copies of bills, receipts and financial statements if applicable.

Total amount requested from CommutAir Cares: \$ \_\_\_\_\_

*\*For urgent or time-sensitive requests, CommutAir Cares will attempt to respond as soon as possible.*