



# Request for Assistance

## **About CommuteAir Cares**

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

## **CommuteAir Cares Decision Criteria**

The items below outline what the CommuteAir 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 CommuteAir Cares adheres to its mission.

<b>Personal:</b> The grant will aid to a CommuteAir employee, affiliate or stakeholder, their family member, another closely related person, or an organization with which they have a direct ongoing association.
<b>Triggering Event:</b> The event causing the need for aid is specific, sudden, and unexpected. The situation developed/continues through no fault of the potential grant recipient
<b>Timely:</b> The triggering event occurred recently enough that grant will have a direct impact, generally within six months of the application.
<b>Last Resort:</b> Reasonable efforts have been made to secure other forms of support and all attempts were either unavailable or were insufficient to fill the need.
<b>Specific Use:</b> The requestor has specified how the funds will be used and that the use will have a direct impact to relieve the situation.
<b>Clear and Valid Documentation:</b> The requestor has provided evidence of the triggering event occurrence; financial costs incurred and the 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 CommuteAir Cares or email it to [CommuteAirCares@commuteair.com](mailto:CommuteAirCares@commuteair.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:**

**Address:**

**City:**

**State:**

**Zip:**

**Email Address:**

**Phone Number:**

**Requestor's relationship with CommuteAir:**

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

**Employee: Affiliate: Other:**

**This request is for: Myself: Other: If**

**If Other, please identify:**

**Other, please identify:**

