

## EMERGENCY BENEFITS PROGRAM

### HEALTH-RELATED EMERGENCIES

When unexpected hardships arise, the Emergency Benefits Program can be a safety net and a backstop, with cash grants to eligible NCSO employees of up to \$20,000 for health-related emergencies.

<b>Who is eligible?</b>	<ul style="list-style-type: none"> <li>Current full-time NCSO employees, both sworn and unsworn.</li> </ul>
<b>What is a health-related emergency?</b>	<ul style="list-style-type: none"> <li>A long-term illness or acute medical condition not covered, or not fully covered, by the employee's health or LTD insurance, which creates an undue financial hardship for the employee.</li> <li>An employee may apply on behalf of themselves, their spouse or registered domestic partner, or their dependent children.</li> </ul>
<b>What help is available?</b>	<ul style="list-style-type: none"> <li>Cash assistance of up to \$20,000 per employee per year, with a lifetime cap of \$50,000.</li> </ul>
<b>Will all applications be approved?</b>	<ul style="list-style-type: none"> <li>Applications from qualified employees, for qualified health-related emergencies, will be evaluated quickly and objectively, but funding is not guaranteed.</li> </ul>
<b>How do I apply?</b>	<ul style="list-style-type: none"> <li>To apply for assistance, please complete the below application and submit it by email to <a href="mailto:NCSOFund@napavalleycf.org">NCSOFund@napavalleycf.org</a></li> </ul>

## APPLICATION FOR HEALTH-RELATED EMERGENCIES

EMPLOYEE NAME \_\_\_\_\_ NCSO BADGE/ID# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

This application is for: (check one)

☐ Myself    ☐ Spouse/Registered domestic partner    ☐ Dependent child

Please describe the unexpected hardship you are facing:

What was your total household income last year? Please enter the amount shown on last year's IRS Form 1040, line 8(b), Adjusted Gross Income: \$ \_\_\_\_\_

Please tell us about your household by filling in the table, below.

Name(s) of other people in your household	Relationship to you (for example: child, spouse, roommate, other family)	Age	Occupation

Please attach copies of:

1. Page 1 of your completed IRS Form 1040 from last year (required for all applicants).
2. The Explanation of Benefits (EOB) form(s) provided by your health insurance company showing the amount you are responsible to pay for the medical condition(s) or procedure(s) for which you are seeking help (required only for applicants seeking assistance with medical expenses not covered, or not fully covered, by their health insurance).
3. A contractor's bid for any accessibility work (ramp, bathroom modifications to accommodate a wheelchair, etc.) to be conducted at your home (required only for applicants seeking assistance with home modifications).

Are you facing a situation involving long-term disability or chronic illness that might prevent you from returning to the job? ☐ Yes ☐ No

If you answered "yes" to the question above, we will ask you for copies of any long-term disability benefits or insurance coverages you may have as part of our review process.

## YOUR AGREEMENT AND AUTHORIZATION

*I certify that the information provided in this grant application and any attachments to it are true and correct as of the date set forth below, and that I have made all reasonable efforts to help myself before applying for this grant. My signature authorizes Napa Valley Community Foundation (NVCF), a local nonprofit organization that holds and manages the Napa County Sheriff's Office First Responders Fund, to verify all the information I have provided in or with this grant application and any attachments thereto, so that it may fairly and lawfully review my application for assistance. Any intentional misrepresentation or material omission of information contained in this application or any attachments to it will result in forfeiting this grant application and exclusion from future grants from the Fund. I also understand that any such action by me constitutes fraud, which may be reported to Napa Valley Community Foundation and for which I may be liable via civil or criminal action. In addition, I understand that I am not legally entitled to receive a grant from the Fund, and that the decision on any grant request is in the complete and sole discretion of NVCF. In this regard, I acknowledge that Napa Valley Community Foundation shall not be liable to me for, and I hereby release them from, any costs, expenses, damages, claims or losses incurred by me in connection with, the approval or disapproval of the grant requested in this application or for anything NVCF may do or refrain from doing in good faith.*

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Signature

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Date

## SUBMISSION INSTRUCTIONS

In order for this application to be considered, please print, sign and submit it by email to [NCSOFund@napavalleycf.org](mailto:NCSOFund@napavalleycf.org).