Benevolence Committee Funding Request

Name: _____

Phone: _____

Address:

_____

Please describe as fully as you feel comfortable with, the hardship that you are faced with:

The Benevolence Committee will base assistance on availability of funds and amount of assistance needed. If you are comfortable with advising the Committee on the amount of assistance needed, please do so. _____

If you are not comfortable giving a dollar figure, would you estimate:

_____ $0-250 ___ $250-400 _____ $500

Your request is kept in the most confidence. The only people who will be privileged to the information on this form are the members of the Benevolence Committee. It is the goal of the SCCDEA to assist fellow employees in every way possible. Unfortunately, funding plays a major role in the effectiveness of this program, and not all requests may be funded. Please submit this request form to the address below.

SC Conservation District Employee's Association
Email: SCdistrictemployees@gmail.com

SCCDEA Benevolence Committee
Policies and Procedures

PURPOSE: To aid all employed Soil & Water Conservation District staff members as needed during times of financial hardship. The committee will consist of the SCCDEA President, SCCDEA Treasurer and one additional board member.

DEFINITION: Hardships may be defined as **but not limited to**, illness; death of child, spouse, or district employee; spouse unemployment or loss of pay due to extreme circumstances; caring for an immediate family member in this instance includes spouse, children, stepchildren, parents, stepparents, brothers, sisters or spouses' parents.

LIMITS

- Payment will be restricted to district employees or a family member on their behalf, both DEA and non-DEA members; full-time or part-time.
- Payment amounts will be at the discretion of the Benevolence Committee. The committee is authorized to approve two payments totaling $500 per person per calendar year as funds allow.
- In cases deemed to be extreme by all committee members, the committee may authorize one additional payment of no more than $300 for a **maximum** of three payments per person per calendar year.

APPLICATION PROCESS

- The employee making the request will notify the Benevolence Committee. • The request will be in writing and will include – name and address of recipient, and a summary stating the reason for the request.
- A doctor's note may be needed if you are requesting money while caring for an immediate family member in this instance includes spouse, children, stepchildren, parents, stepparents, brothers, sisters or spouses' parents.
- Upon approval, the request will be signed and dated by a committee member, and a letter of justification and payment amount will be provided to the Treasurer who serves as a member of the committee.

PAYMENT PROCESS

- **Confidentiality** as to recipients and payments will be maintained always by committee members.
- Payment will be in the form of a check only.
- Payment will be mailed from the SCCDEA Treasurer to the person making the request and if necessary, delivered to the recipient.