Fund Description
The University of Arizona (UA) community has a long history of demonstrating compassion for its members and for providing generous donations to colleagues in need. The University of Arizona Employee Emergency Fund (EEF) has been established to provide another opportunity to offer support to colleagues who face an unexpected, temporary financial hardship, such as rent, utilities, or other essential expenses, as a result of sudden illness, a family crisis, or a natural disaster. Awards are contingent on adequate contributions to the fund and the other requirements set forth below.

Eligibility
All UA benefits-eligible employees who have been employed at UA for at least one year prior to the application for assistance are eligible to apply for a one-time award from the EEF. The financial hardship must have occurred during this active, paid employment period. The hardship must be temporary and caused by a defined, time-limited, specific event. An applicant with longer-standing financial problems, though clearly in need of financial assistance, would not meet the “temporary hardship” requirement and, therefore, would not be eligible.

Employee Emergency Fund Committee
The EEF Committee (hereafter “Committee”) is comprised of two Presidential appointees and one member from each of the following: the Faculty Senate, the Appointed Professionals Advisory Council, and the Staff Advisory Council. Appointments to the Committee are for three years. Initial appointments will have staggered termination dates to allow for the long-term development of expertise and smooth annual transitions. The first Committee will be comprised of two members with one-year terms, one member with a two-year term, and two members with three-year terms. Committee members may serve no more than two consecutive terms. For decision-making purposes, a quorum of four members is required. The Committee will elect a Chair annually. An HR Coordinator will be appointed to assist the Committee to ensure that information provided to the Committee remains confidential and that no individual making a request for funds is identified to the Committee.

The Committee will review each request individually and the Chair will notify the HR Coordinator of the decision. The HR Coordinator will notify each employee who applies for funds of the results of the Committee’s decision. Although applicants’ identities will not be disclosed to Committee members, in the event a Committee member believes he or she recognizes an applicant based on the circumstances described in the application, he or she will recuse him- or herself from the discussion and decision in that matter. In the event an applicant provides insufficient information to enable the Committee to make a decision regarding a request for funds, the Committee may request additional information from the applicant through the HR Coordinator.

Funds Awarded
A maximum award of up to $750 may be paid to a single employee. If an employee is awarded funds, he or she will receive payment directly from the University of Arizona Foundation. Awards are subject to state and federal income tax, and will be reported to the IRS. The employee will receive a 1099 form from the UA Foundation if the award is for $600 or more.

Program Funding Sources
Funds come from the generous donations of UA faculty and staff and non-university philanthropic organizations and individuals. Direct contributions may be made payable to the Employee Emergency Fund, in care of the University of Arizona Foundation. Employees may also contribute through a convenient payroll deduction under
the “UA Cares” option. Contributions may be tax deductible; please consult with your tax advisor. No State or other University of Arizona monies are used to fund the Employee Emergency Fund.

**How to Apply for Emergency Funds**

1. Complete and sign application form.

2. Attach necessary documentation showing unexpected hardship. (Examples: overdue utility bill showing cut-off date, emergency house repair, unexpected medical bill. *Please redact any medical condition or name of medication.*)

3. Submit the original application, including any attachments, either by mail or email to:

   **Employee Emergency Fund**
   c/o Alicia Howard
   Human Resources
   University Services Building, Rm. 114
   PO Box 210158
   Tucson, AZ 85721
   Aliciah1@email.arizona.edu
In order to be considered, this application must be completed in full. The applicant understands that completion of this application is voluntary; however, failure to fully complete the application or to provide additional materials to the EEF Committee upon request will render the applicant ineligible for funding under this program.

**NO PERSONAL IDENTIFYING INFORMATION WILL BE SHARED WITH THE REVIEW COMMITTEE.**

Completed application materials will be retained in the UA Human Resources office.

Employee First Name __________________ Employee Last Name ________________________________

Home Address ________________________________

City __________________ State ______ Email Address ________________________________

Preferred Phone Number (so we may contact you) __________________

UA EmpID _________ Date of Hire _________ Date of Benefits Eligibility _________

I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine. I agree that any award made under this program will be used to relieve the stated financial hardship. I have attached documentation to show need, which can include a bill, invoice, or estimate. If it is an estimate, I will be required to provide proof of work being completed by the company whose name was originally used in the estimate. I understand that my application will not be considered if it contains misleading information and that I could be required to repay any monies awarded if it is determined that my application was later found to be untruthful. I understand that money received from the Employee Emergency Fund is taxable income and is a one-time award. If I am awarded emergency funds, I will provide my social security number to the University of Arizona Foundation as required for income tax reporting purposes.

Employee Signature __________________________ Date __________

If applicant is not completing this form:

Name of person completing this form__________________________

Relationship to applicant_________________________ Phone __________________________

---

**For EEF Administrative Processing Only**

Date Received: __________ Date Reviewed: __________

☐ Benefits-eligible ☐ Non-resident Alien *(Payment will be processed through the UA)*

☐ Attachments included

Date additional information requested from employee (if applicable): __________

Committee Decision: Approved __________ Amount $ __________

Declined: __________ If declined, reason: __________________________

Name of Committee Chairperson ______________________ Date Submitted to Provost _________

Date Check Mailed: __________ If estimate provided, proof of work completed
UA EMPLOYEE EMERGENCY FUND (EEF)

*Please see the attached list of “Financial Resources” where you might also find emergency assistance.*

Details of Temporary Hardship
Please give detailed answers to the following questions. Do NOT write your name on the following pages.

The Committee is interested in understanding how the financial hardship developed and how the emergency funds will help you. Please provide a description of the financial hardship and attach documents explaining any related expenses that are above and beyond your normal expenses. If your financial hardship relates to a medical condition, it is not necessary to provide a detailed description of your medical condition, just how the medical condition affected your financial well-being. **Any attachment associated with a medical condition will need to be redacted by excluding condition or medication.**

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

What is the expected length of hardship? ________________________________ 

What necessary items would you not be able to afford because of this hardship?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

What other agencies or organizations have you applied to for assistance? Have you received any financial help to date for this situation?  (Please go to page 6)
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

For EEF Committee Review Only
Comments: ______________________

Amount Awarded $ ____________

Comments: ______________________

Amount Awarded $ ____________

Comments: ______________________

Amount Awarded $ ____________

Comments: ______________________

Amount Awarded $ ____________

Comments: ______________________

Amount Awarded $ ____________

Comments: ______________________

Amount Awarded $ ____________

Comments: ______________________

Amount Awarded $ ____________
Do you have an insurance policy that covers these circumstances ___ yes ___ no; and if so, what is the deductible?

How much money are you requesting? Please list a specific amount: __________ (up to a maximum of $750)

How did you arrive at your total requested amount listed above?

____________________________________________________________________________________

____________________________________________________________________________________

Additional Financial Information
Please list all individuals (by relationship only) who reside in your household and how much they contribute to paying household expenses.

<table>
<thead>
<tr>
<th>Relationship (i.e., spouse/partner, son/daughter, grandson/granddaughter, roommate, etc. – no names needed)</th>
<th>Age</th>
<th>Amount contributed to paying household expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Household Monthly Expenses:

Did monthly expenses exceed monthly income before the emergency situation? ___ yes ___ no

If yes, explain.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

If you are requesting funds for rent assistance, are you currently under threat of eviction? ___ yes ___ no

Are you currently under a bankruptcy agreement or in the process of filing? ___ yes ___ no

Thank you for submitting an application to the UA Employee Emergency Fund. Please note that completing this application does not guarantee funding. Variables include availability of funding, the nature of the crisis, and whether the other criteria set forth in this document are satisfied.
FINANCIAL RESOURCES

COMPREHENSIVE DIRECTORY OF RESOURCES
Community Information & Referral
http://www.cir.org/
http://www.library.pima.gov/community/guides/agencies.php

Pima County Information & Referral Book $35  (520) 323-1708 (helpline at 2-1-1)
Maricopa County Directory of Human Services (602) 263-8845 ext. 100 (helpline: 1800-352-3792)

PROGRAM ELIGIBILITY ASSESSMENT TOOL
www.arizonaselfhelp.org

This is a simple tool to determine what services you may qualify for; the website also provides referral contact information.

RENT & UTILITIES
Pima County Community Action Agency
Rosemary Cora-Cruz, Program Manager
Kino Service Center
2797 East Ajo Way
Tucson, AZ 85713
520.243.6700

Community Action Agency is a central funding and referral agency and distributes funds to other agencies for rent and utility relief. Please note that funding for rental assistance is extremely rare, but utility funding is more readily available. Most funds are available at the beginning of the month. Most are available only once per year per family. If the Community Action Agency does not have funds when you talk with them, be sure to ask them what other agencies do have funds.

HOUSING & MORTGAGE ISSUES
Administration of Resources & Choices (ARC)
3003 South Country Club
Tucson, AZ 85713
520.327.8250
www.arc‐az.org

Certified housing counselors can direct you to foreclosure prevention, refinancing, and reverse mortgage programs.

FOOD & NUTRITION
Supplemental Nutritional Assistance Program (SNAP) Family Resource Center
3003 South Country Club
Tucson, AZ 85713
520.622.0525 x275
https://www.azdes.gov/nutrition_assistance/

SNAP staff will help you determine if you are eligible for food stamps, walk you through the application process, provide resources and referrals, and direct you to emergency food services.
FREE TAX PREPARATION
Low Income Taxpayer Clinic
848 South 7th Ave
Tucson, AZ 85701
520.388.9153
http://www.ccs-soaz.org/Pio-Decimo-Center-Asset-Building-for-Families.html

United Way VITA Program
http://www.unitedwaytucson.org/news/volunteer-income-tax-assistance-vita

FINANCIAL EDUCATION CLASSES
Primavera Foundation
Angelica Rascon, Program Administrator
151 W. 40th St.
Tucson, AZ 85713
520.882.5383
www.primavera.org

FINANCIAL EDUCATION CLASSES
Primavera Foundation
Angelica Rascon, Program Administrator
151 W. 40th St.
Tucson, AZ 85713
520.882.5383
www.primavera.org

EMPLEE ASSISTANCE/COUNSELING & CONSULTATION SERVICES

UA LIFE & WORK CONNECTIONS
1125 North Vine Ave – 2nd Floor
Tucson, AZ 85721
621-2493
http://lifework.arizona.edu/