



DTE I CARE Grant Application

Employee Name: _____

Branch Location: _____

Qualifying Event Date: _____

Amount of Request: _____

Grant Applied For (choose 1):

- Home Catastrophe/Natural Disaster
- Funeral Expense
- Donation Matching Grant

Request Narrative: _____

Should you have further questions, please contact us directly at 321-263-2700 or by email at ICARE@down2earthinc.com.

Employee: _____ Date: _____

Branch Manager: _____ Date: _____

DTE I CARE Approval: Yes No Date: _____

DTE I CARE Grant Requirements

1. Home Catastrophe/Natural Disaster

a. Eligible Event: Employee's home is destroyed or rendered unlivable by a natural disaster (fire, flood, hurricane, tornado, etc.)

b. Timing: 21 Days from date of home catastrophe

c. Value of Grant: Up to \$1,000

d. Required documentation:

- A DTE I CARE application signed by Branch Manager and employee; and
- Photographs showing the damage; and
- A copy of the insurance claim documentation; and
- Lodging receipts for dates after the damage (if needed); and
- An independent report such as a fire marshal report

2. Funeral Expense

a. Eligible Event: To help:

- An employee who is financially responsible for paying the funeral expenses of an immediate family member (parent, grandparent, in-laws, spouse, siblings, step siblings, and child (natural or step)); or
- An employees immediate family member (parent, grandparent, in-laws, spouse, siblings, step siblings, and child (natural or step) who is financially responsible for paying the funeral expenses of an employee

b. Timing: 21 Days from date of death

c. Value of Grant: Up to \$1,000

d. Required Documentation:

- A DTE I CARE application signed by Branch Manager and employee/family member; and
- A statement (contract) from the funeral home that shows:
 - The employee/family member is financially responsible; and
 - The deceased's name and date of death; and
 - Must be signed by the employee/family member and the funeral home company

3. Donation Matching Grant

a. Eligible Event: Need for assistance that does not meet other eligible grant criteria and co-workers have raised team funds to help the employee who is facing a personal catastrophe

b. Timing: 21 days from the date on the team funds certified check or money order provided to the employee

c. Value of Grant: Matches team funds raised up to \$500

d. Required Documentation:

- A DTE I CARE application signed by the Branch manager and employee certifying dollars raised; and
- A sign up sheet showing the contributors and contributions made; and
- A copy of a certified check or money order made out to the employee. Must match contribution list amount.

