

HUMPHREY BROTHERS FOUNDATION

6877 Wynnwood Lane, Houston, TX 77008

Email: humphreybrothersfoundation@humphreyltd.com

Phone: 713-586-8122

The Humphrey Brothers Foundation is a private, nonprofit charitable institution founded for the purpose of assisting an employee or dependents of an employee of: (i) The Humphrey Companies; or (ii) any vendors, suppliers or subcontractors providing support on construction projects led by the Humphrey Companies. There are four criteria for consideration for an assistance grant from the foundation:

1. You must be a resident of either Harris County, Texas or Bexar County, Texas; and
2. You must be an employee of, sub-contractor or vendor doing business with Humphrey Company, LTD or HCL Mechanical Services, LLC., as defined under Section 23 of the North American Industry Classification System; and
3. You must have a child or dependent with a physical or mental impairment, long-term illness or serious injury that substantially limits one or more of the major life activities of yourself or dependent and the grant must help to alleviate life limiting activities; and
4. You must demonstrate financial need.

Applicants may apply for financial aid for education, special equipment or for such other purposes as the foundation finds appropriate.

Please Note

- The application must be filled out completely and signed by the applicant or applicant's legal guardian.
- Medical or other satisfactory verification of disability (e.g., letter from physician, social worker, etc.) is required.
- We do not accept faxed applications. You must MAIL the original, along with documentation, to the foundation.
- Applications for 2023 must be submitted to the foundation by September 8, 2023.

[Application begins on the following page]

GRANT APPLICATION

Name of applicant (person for whom assistance is being requested):

Address: _____

Street Address	Apt./Unit	City	State	Zip Code

Telephone: () _____

I. INFORMATION ABOUT DISABILITY

1. Briefly describe the disability/illness: _____

2. How long has this condition existed?_____

3. Is the condition permanent? _____YES _____NO

4. What limitations exist because of this disabling condition/illness? _____

5. What will the grant be used for? (Please provide a description and estimates of the costs you anticipate incurring) _____

- 6. Narrative explanation to Justify Request for Assistance:** _____

II. PARENT/GUARDIAN INFORMATION (if applicable)

Name of Parent/Guardian: _____

Address: _____
Street Address Apt./Unit City State Zip Code

Telephone: (_____) _____ Email: _____

III. EMPLOYEE/EMPLOYER INFORMATION

Employee Name: _____

Occupation(s): _____

Employer(s) name(s) and address(es): _____

Is the Applicant or Applicant's Spouse/Parent/Guardian an employee of Humphrey Company, Ltd. or one of its affiliates? ____YES ____NO

If yes, please explain: _____

Is the Applicant or Applicant's Spouse/Parent/Guardian related to a current board member of The Foundation? ____YES ____NO

If yes, please explain: _____

OTHER INFORMATION YOU WISH US TO CONSIDER (attach letter, if desired):

Please attach a letter or report from a doctor or other licensed professional (social worker, case manager, etc.) verifying the disability or illness for which assistance is requested.

GRANT APPLICATION

All grants made assume the accuracy of this application. By my signature below, I understand that any substantial errors, including omissions, may result in cancellation of a grant. I further understand that all decisions as to eligibility and grants are made at the sole discretion of the Humphrey Brothers Foundation and that its decisions are final.

I understand that all grants awarded by the Humphrey Brothers Foundation must be reported on the foundation's federal tax return, as such, grantees' names and addresses are a matter of public record.

Signature(s):

Applicant

Date

Mail the completed application and related documentation to:

Humphrey Brothers Foundation
6877 Wynnwood Lane
Houston, Texas 77008