

Temple Employee Relief Fund Grant Application

Temple Employee Relief Fund (the fund) is a program developed out of the desire of TU and TU employees to help other TU employees most severely impacted by the COVID-19 pandemic.

Grants will be awarded to those who demonstrate the need to cover expenses that are reasonable and necessary per IRC §139 and directly attributed to the COVID-19 pandemic, such as healthcare, travel, family care or other vital living expenses.

Grants from the fund, not to exceed \$1,000 per employee, will be paid as reimbursements through payroll as a qualified disaster relief payment. Grant money distributed under this program will be excluded from wages and not subject to income and employment tax withholding under IRC §139.

Eligibility & Determination:

All *full-time* Temple employees are eligible for the award of a Temple Employee Relief Fund grant.

ALL APPLICANT AND APPLICATION INFORMATION WILL BE KEPT CONFIDENTIAL AND SHARED ONLY WITH THE REVIEWING COMMITTEE AND OTHERS NECESSARY FOR PROCESSING OF GRANTS.

Applicants will be notified typically within a week of receipt regarding the determination of the grant application.

The following applications can be submitted via email to turelief@temple.edu and should include as much information as possible about the reason for the request.

Receipts for expenses do not need to be submitted with this application, but you must keep copies of all receipts supporting the request in the event of an audit.

Please provide the information below to be considered for a Temple Employee Relief Fund grant. * Required

* Is this request for actual or anticipated expenses related to COVID-19?

* Email Address:

* **Last Name**

* **First Name**

* **Middle Initial**

* **TUID**

* **Job Title**

* **Department Name**

* **Use the space below to summarize your request.** Please provide itemized "reasonable and necessary" personal, family, living, or travel expenses incurred (or anticipated) because of the COVID-19 qualified disaster. Only expenses not covered by insurance or reimbursable through other avenues will be considered for reimbursement. Up to \$1,000 per employee. For each expense include amount and explanation.

* **Total Amount Requested** (up to \$1,000)

* **Electronic Signature**

By clicking this box, I agree that the information provided in this application is truthful and correct to the best of my knowledge and the award is for legitimate, verifiable, and quantifiable expenses.