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**ABOUT UA EMPLOYEE EMERGENCY FUND (EEF)**

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**Fund Description**

The University of Arizona 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 our colleagues who face an unexpected, temporary financial hardship, such as rent, utilities, and essential expenses, as a result of sudden illness, a family crisis or a natural disaster. Awards are contingent on adequate contributions to the fund.

**Eligibility**

All University of Arizona benefits-eligible employees who have been employed for at least one year prior to the application for assistance are eligible to apply for a one-time grant from the EEF. The financial hardship must have occurred during this active, paid employment period. The hardship must be temporary, 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 one member each from the Faculty Senate, the Appointed Professionals Advisory Council, and the Staff Advisory Council, and two presidential appointees. 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 analyze each request individually and its Chair will notify the HR coordinator of its 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 Granted**

A maximum grant 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 gift 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 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**

To apply for EEF funds, complete and sign the application form, make a copy for your records, and submit the original application either by mail or email to:

<b>Employee Emergency Fund</b>	University Services Building, Rm. 113
c/o Angelica Engle	PO Box 210158
Human Resources	Tucson, AZ 85721
	<a href="mailto:englea@email.arizona.edu">englea@email.arizona.edu</a>

**UA EMPLOYEE EMERGENCY FUND (EEF) APPLICATION**

**CONFIDENTIAL**

*No information will be shared with a third party except for processing or tax reporting purposes if award is granted.*

In order to be considered, this application must be completed in full. 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 EmplID \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date of Benefits Eligibility \_\_\_\_\_

If applicant is not completing this form:

Name of person completing this form \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Phone \_\_\_\_\_

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 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 determined to be untruthful. **I understand that money received from the Employee Emergency Fund is taxable income and is a one-time grant.** 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 \_\_\_\_\_

**For EEF Administrative Processing Only**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_  Benefits-eligible  Non –resident Alien  
*(payment will be processed through the UA)*

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: \_\_\_\_\_

**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 the 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 detailed descriptions of your medical condition, just how the medical condition affected your financial well-being.

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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?  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have an insurance policy that covers these circumstances  yes  no; and if so, what is the deductible? \_\_\_\_\_

For EEF Committee Review Only
Comments: _____
_____
_____
_____
Amount Awarded \$ _____

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?

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**Additional Financial Information**

Please list all individuals who reside in your household and how much they contribute to household expenses.

Relationship (i.e., spouse/partner, son/daughter, grandson/granddaughter, roommate, etc. – no names needed)	Age	Amount contributed to household expenses

Total Household Monthly Expenses:

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

If yes, explain.

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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 it meets the definition of an emergency defined in this document.***

**COMPREHENSIVE DIRECTORY OF RESOURCES**

Community Information &amp; Referral

<http://www.cir.org/>**PROGRAM ELIGIBILITY ASSESSMENT TOOL**[www.arizonaselfhelp.org](http://www.arizonaselfhelp.org)

Simple tool to determine what services you qualify for; website 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 &amp; Choices (ARC)

3003 South Country Club

Tucson, AZ 85713

520.327.8250

[www.arc-az.org](http://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/](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 7<sup>th</sup> 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. 40<sup>th</sup> St.

Tucson, AZ 85713

520.882.5383

[www.primavera.org](http://www.primavera.org)

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#### **EMPLOYEE ASSISTANCE/COUNSELING & CONSULTATION SERVICES**

#### **UA LIFE WORK CONNECTIONS**

1125 North Vine Ave – 2<sup>nd</sup> Floor

Tucson, AZ 85721

621-2493

<http://lifework.arizona.edu/>