



Sunshine Fund – Team Member Relief Program

What It Is Life throws curveballs—unexpected emergencies, medical issues, family loss, house fires, and other personal crises. The Sunshine Fund is here to help you get through the hard times with a little less stress. It's our way of taking care of each other.

Who It's For Any team member who's been with us at least 6 months and is facing a serious, unexpected financial hardship may apply. This includes emergencies related to housing, health, loss of income, domestic violence, or family tragedies.

What It Covers Some examples of situations the fund can help with:

- Emergency travel for funerals or urgent family medical care
- Temporary housing due to fire, flood, or other disasters
- Unexpected medical bills not covered by insurance
- Sudden income loss due to illness or injury

What It Doesn't Cover The fund does *not* cover:

- Routine bills or debt (unless caused by a recent emergency)
- Car repairs
- Legal or court fees
- School tuition
- Household items not tied to an emergency

How It Works

1. **Apply** – A simple application is available from HR.
2. **Explain the Situation** – Briefly describe the emergency and how the funds will help.
3. **Include Documentation** – Attach any paperwork that helps explain your request (receipts, bills, etc.).
4. **Submit to HR** – Return the form to the HR office or email it.



5. **Review** – A small committee will review requests quickly and confidentially. The committee may ask for additional details as part of their review process.

6. **Response** – Our goal is to provide a response within 1-2 days of the request.

How Much Can I Request? Up to \$2,500. Awards depend on need and fund availability.

How Often Can I Apply? Once per calendar year. In rare cases, exceptions may be made.

Where the Money Comes From? Cash found on the floor. Every dollar is used to help team members.

Need Help Now? Come talk to HR. No judgment. No red tape. Just support when you need it most.



Sunshine Fund Application

Name: _____

Job Title & Department: _____

Date of Hire: _____

Briefly describe what happened and how this emergency is affecting you:

How much are you requesting? (up to \$2,500): \$_____

What will the money help pay for?

Have you received help from the Sunshine Fund before? Yes / No

If yes, when? _____

I certify the information provided is true and accurate.

Signature: _____ **Date:** _____

Please attach any relevant paperwork (bills, receipts, etc.) and return this to HR. We'll keep everything confidential.