

Employee Relief Fund - Grant Application

The MeadWestvaco Employee Relief Fund was designed to meet the immediate needs of eligible employees through the first critical weeks after a disaster. Workers who have faced significant hardships resulting from natural or man-made disasters or personal tragedies beyond their control can use this financial grant to restore basic human needs such as food, clothing or shelter; therefore items like damaged sheds and fences, or tree removal are not covered.

Qualifying catastrophes can include: hurricanes, tornados, floods, earthquakes, or house/apartment fires of primary residence, not rental property. The Fund does not cover damage to barns, sheds, fences, swimming pools, and detached garages. In addition, the Fund does not provide for medical or dental claims; financial difficulties due to poor financial management, judgment or negligence; or hardships that were triggered prior to the Fund's inception in October 2005.

All applications are handled in the strictest of confidence and with the utmost care since sensitive personal financial information is needed to determine the amount of money awarded. Grants are need-based, and awarded in varying amounts of US \$500-\$2,500. A check for the full amount of the award will be sent to the qualified applicants following assessment of the application.

Grant monies are not considered income by the United States Federal Government, and are not taxable. Employees should check with their state tax office to determine if grants are subject to state taxes. Grant Recipients outside of the United States should consult their individual tax advisors to determine the treatment of grants they receive.

***Procedures:* Please fill out the application completely and provide appropriate documentation as necessary. Submitting an incomplete application or not providing additional documentation that is requested may delay the processing of your application and/or result in an application being declined.**

Deadline: Grant applications must be submitted within 180 days of the date of the disaster.

Completed applications can be faxed confidentially to 804-444-1100 or if living outside of the United States, 00+1-804-444-1110. The form may also be mailed to:

MeadWestvaco Employee Relief Fund
501 South 5th Street
Richmond, VA 23219-0501 USA

Certification Statement

I hereby certify, to the best of my knowledge, that the information contained in this application is true, correct and complete, and that I am requesting assistance only for amounts that are not reimbursable from insurance or any other sources. I agree to give further proof of the information I have provided on this application if requested to do so.

I understand that the Employee Relief Fund and MeadWestvaco maintain reasonable and appropriate administrative, technical and physical safeguards to protect Employee Personal Information from loss, misuse, and unauthorized access, disclosure, alteration and destruction. I consent to the use of my personal information, and that of my minor dependents, by a limited number of authorized people affiliated with the Employee Relief Fund or MeadWestvaco, to assess my Grant Application and to process award payments where applicable.

Signatures of Applicant and others age 18 or over whose personal information is provided:

Print name of Applicant

Signature of Applicant

Date

Print name of Co-Applicant

Signature of Co-Applicant

Date

Other Signature

Date

Other Signature

Date

ERF Use Only		
Received <input type="checkbox"/>	Letter Sent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Info _____
Reviewed <input type="checkbox"/>	Amount Awarded _____	Date of Award ____/____/____

Section A – Applicant Information

 Name _____
Last
First
Middle Initial

 Current Address _____

 Permanent Address _____
(If different)

Home Phone _____ Cell Phone _____

 Business Unit & Location _____
(Ex. CSG, MCOP, Chemical, Rigesa, Packaging Systems, etc.)

 Business Address _____

Work Phone _____ Extension _____

List dependent(s) of applicant who are covered by MeadWestvaco Benefits Plan and also need assistance:

Name	Relationship to Applicant	Age

Section B – Disaster Information

Some information requested in this section is financial. Please check below the currency that applies for the information you provide.

Check (√)	Country	Currency
	Argentina	Pesos (\$)
	Australia	Dollars (\$)
	Belgium	Euro (€)
	Brazil	Reals (R\$)
	Canada	Dollars (\$)
	Chile	Pesos (\$)
	Czech Republic	Koruny (Kč)
	France	Euro (€)
	Germany	Euro (€)
	Hong Kong	Dollars (\$)
	India	Rupees (Rs)
	Ireland	Euro (€)
	Italy	Euro (€)
	Japan	Yen (¥)
	Malaysia	Ringgits (RM)
	Mexico	Pesos (\$)
	Netherlands	Euro (€)
	New Zealand	Dollars (\$)
	People's Republic of China	Renminbi (¥)
	Poland	Zlotych (zł)
	Russia	Rubles (руб)
	Singapore	Dollars (\$)
	South Africa	Rand (R)
	South Korea	Won (₩)
	Spain	Euro (€)
	Sweden	Kronor (kr)
	Switzerland	Francs (CHF)
	Thailand	Baht (฿)
	United Kingdom	Pounds (£)
	United States of America	Dollars (\$)

Print Name of Applicant _____

Type of Disaster _____ Date of Disaster ____/____/____

Have you applied to or contacted any local/national organizations or federal agencies for relief? **Yes No**
 If yes, what organization(s)?

- Red Cross/Red Crescent
- Other (Salvation Army, FEMA, etc.)
Please list:

Have any of the organizations you contacted been of assistance? **Yes No**
 If yes, please describe. Be sure to include the name of the organization, and the type of assistance received (generator, clothing, etc.). If money was received, please include the amount and the purpose (ex. relocation expenses, disaster relief, etc.) if applicable. Attach additional sheets if more space is needed.

B-1

Organization	Type of Assistance/Purpose	Amount

Do you own or rent? **Circle one. Own Rent**

Do you have homeowners, rental and/or flood insurance coverage or other sources of income to cover these expenses? **Circle one. Yes No**
 If yes, please specify which coverage applies and the amount of funding available. Attach additional sheets if more space is needed.

B-2

Type of Insurance Coverage	Amount of Coverage	Funding Received/Expected
TOTAL:		

Print Name of Applicant _____

List damages to essential property and estimated repair cost and/or basic living expenses that are not being met (i.e. food, shelter, clothing), checkmark the appropriate box, and indicate the estimated repair costs. Be sure to attach additional sheets if more space is needed. *Note: Insurance deductibles and lost wages cannot be reimbursed by the Employee Relief Fund.*

B-3

Primary Residence Property/Content Damage	Destroyed	Moderate Damage	Minimum Damage	No Damage	Estimated Repair Costs
Entire Residence					
Living Room/Area					
Dining Room/Area					
Kitchen					
Bedroom #1					
Bedroom #2					
Bedroom #3					
Furniture					
Clothing					
Other(Specify)					
Other(Specify)					
Other(Specify)					
TOTAL COSTS:					

Print Name of Applicant _____

B-4

Living Expenses	Destroyed	Moderate Damage	Minimum Damage	No Damage	Estimated Repair Costs
Temporary Living Quarters					
Power Generator					
Fuel					
Other(Specify)					
TOTAL COSTS:					

Total amount of uninsured loss (Documentation must be provided.): _____

Section C – Family Budget Information

Attach additional sheets if necessary.

How are you paid? **Circle One.** **Weekly** **Bi-Weekly** **Semi-Monthly** **Monthly**

C-1

Income (Before Taxes)	Monthly	Annually
Self		
Husband/Wife/Partner		
Other Adult		
Social Security		
Pension		
Unemployment		
Food Stamps/WIC		
Child Support		
Other Government Assistance		
TOTAL:		

Print Name of Applicant _____

C-2

Applicant Expenses	Monthly	Past Due
Rent/Mortgage		
Car Payment #1		
Car Payment #2		
Utilities (Gas, Electric)		
Fuel/Wood for Heat		
Telephone(s)		
Food		
Clothing		
Credit Cards		
Child Care		
Cable Television		
Insurance: Home/Renters		
Insurance: Medical		
Insurance: Car		
Other:		
Other:		
TOTAL:		

TOTALS	
Monthly Income (Before taxes)	_____
	<i>(Total from Box C-1)</i>
Minus(-)	
Monthly Expenses	_____
	<i>(Total from Box C-2)</i>
Equals(=)	
Total	_____

