

# THE HOMER FUND MATCHING GRANT PRE-APPROVAL PACKET



*This packet contains relevant forms and information **REQUIRED** to accompany the electronic application for a Matching Grant.  
This packet **IS NOT** the Matching Grant application.*

## Applicant's Checklist:

- Determine preliminary eligibility by taking the quick-test online at [THDHomerFund.org/grants/direct\\_new/dg\\_test/](https://THDHomerFund.org/grants/direct_new/dg_test/)
- If eligible for a Direct Grant, **do not** move forward with this packet
  - Complete the Direct Grant Prep Pack and follow the instructions provided
  - If eligible for a Matching Grant, complete this packet in its entirety
- Gather supporting documentation relevant to your situation
  - Current copies of the bills for which you seek Homer Fund assistance is **REQUIRED**
  - \$2-for-\$1 match is applied on a case-by-case basis, determined by need
  - **Incomplete applications will be declined**
- Partner with your ASDS, HR partner, or any manager or above to formally apply
  - Sponsors must complete the **electronic application** and submit the Matching Grant Pre-approval Packet and other supporting documentation to The Homer Fund
  - **Applicants cannot access the application without the ASDS, HR partner or manager**
- Questions? Call The Homer Fund at (770) 384-2611 or email to [Homer\\_Fund@homedepot.com](mailto:Homer_Fund@homedepot.com)
- Fax information to (770) 384-2612

## Sponsor's Checklist:

- Determine preliminary eligibility by providing the applicant with access to the quick-test online at [THDHomerFund.org/grants/direct\\_new/dg\\_test/](https://THDHomerFund.org/grants/direct_new/dg_test/)
- Ensure you have full clarity of the applicant's hardship before agreeing to act as a sponsor
  - As a sponsor, you agree that to the best of your knowledge, the applicant's request meets the criteria for a Matching Grant
  - Be prepared to act as a liaison between the applicant and The Homer Fund, if necessary
- Collect this packet and all supporting documentation relevant to the applicant's situation
  - Current copies of bills is required
  - \$2-for-\$1 match is applied on a case-by-case basis, determined by need
  - **Incomplete applications will be declined**
- Log into your Homer Fund personal account to complete the appropriate electronic application
  - **Applicants cannot access the application without your help**, so please act with a sense of urgency
  - If you do not have a personal account, please contact The Homer Fund to set up your account
- Questions? Call The Homer Fund at (770) 384-2611 or email to [Homer\\_Fund@homedepot.com](mailto:Homer_Fund@homedepot.com)
- Fax information to (770) 384-2612

# Matching Grant Pre-Approval Form

## IMPORTANT INFORMATION FOR APPLICANT

- Applicants must complete this form in its entirety
- Applicants and sponsors must follow the steps provided on the checklist to prevent delays in processing
- A review of this request will take place within 1-2 business days from receipt of the application and documentation
- If approved for a collection, please allow your management team time to collect funds
- Collection times vary so stay in communication with your sponsors to ensure they are aware of any imminent deadlines
- Matching Grants offer a potential \$2-for-\$1 match up to \$5,000, but actual amount of the Homer Fund grant will be based on the documents provided and the actual amount needed to support the hardship. For instance, if you need \$500 and your coworkers collect \$350, the match from The Homer Fund will be \$150 to meet the \$500 need
- Checks issued by The Homer Fund will be made payable to the creditor whenever possible

## SECTION 1: Associate Information

**"If awarded a grant, The Homer Fund may send funds via  Payroll or  Check to my  Home or  Store"**

Associate ID #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*First M.I. Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ May we communicate with you via text:  Yes  No

Job Title: \_\_\_\_\_ Full-time or Part-time Associate?:  FT  PT

Hourly or Salaried Associate?:  Hourly  Salaried Home Depot store/location: \_\_\_\_\_

## SECTION 2: Disclaimer and Signature (only one signature is necessary)

*The signature is based on the individual initiating this request.*

**If the associate in need has prompted this request, sign below:**

*I, as an associate in need, certify that the information provided is accurate. I understand that providing misleading statements and documentation violate Home Depot's Code of Conduct and is subject to disciplinary actions.*

Associate  
Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If the prospective associate in need DID NOT prompt this request and members of management are requesting a Matching Grant for a perceived need, sign below:**

*This request is being made by The Home Depot location on behalf of the associate in need. The associate in need has not requested assistance, but I believe the associate has an unforeseen financial need. I understand that this request may not be approved without additional information from the associate.*

Sponsor **PRINTED**  
Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Sponsor  
Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Matching Grant Pre-Approval Form

## SECTION 3: Sponsor Questionnaire (to be completed by ASDS, manager or above)

Is this the first Matching Grant request for the situation causing the financial need?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>	Have you reviewed the Direct Grant criteria to confirm the associate's need does not meet the Direct Grant criteria?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have proof of the expense(s) for which matching funds are requested? <b>Requests will be declined without documentation. Attach to this form.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNAVAIL <input type="checkbox"/>	This Matching Grant was requested by:	ASSOCIATE <input type="checkbox"/>	STORE <input type="checkbox"/>

## SECTION 4: Financial Snapshot (to be completed by associate)

ALL fields are required. Requests with incomplete fields will be declined upon receipt.

Name of Household Member	Relationship to Associate	Age	Monetary Contributor?
	Associate		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Monthly Income		Monthly Expenses	
Household Salary	\$	Rent/mortgage	\$
TANF (state cash assistance)	\$	Utilities	\$
SNAP (food stamps)	\$	Car loan	\$
Section 8	\$	Food	\$
Child Support	\$	Cell phone	\$
Social Security, pension, disability insurance	\$	Gasoline/mass transit	\$
Other Income	\$	Other (gasoline, auto insurance, daycare/tuition, cell phone, etc)	\$

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# Matching Grant Pre-Approval Form

## SECTION 6 : Expense Detail

Please note that checks will be made payable to the creditor.  
Checks will be issued in the order listed below, so list expenses based on level of urgency.

Creditor Name	Amount Owed	Current Bill Provided?	Expense Already Paid?
1.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF EXPENSES HAVE BEEN PAID AT THE TIME OF THIS REQUEST, PLEASE PROVIDE A DETAILED EXPLANATION CLARIFYING HOW THE PAYMENTS WERE MADE (i.e., method of payment) AND THE FINANCIAL IMPACT ON THE ASSOCIATE.

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Applicants are reminded to take an active role in the application process. It is the only way to quickly move through the process and obtain a quick decision on the request.

- Provide ALL documentation with the initial submission of your grant request
- Ensure all information within this Matching Grant Packet is clear and supports your need
- Provide a valid email address as this is the most common method of communication with The Homer Fund
- Be available to answer questions quickly to maintain progress in the review stage
- While partnership with your management team is a necessity at the beginning of the application stage, you may speak directly with a Homer Fund team member at any time by calling (770) 384-2611. You may also fax documents to (770) 384-2612 or email documents to [Homer\\_Fund@homedepot.com](mailto:Homer_Fund@homedepot.com)