



For more Team Depot info:
thd.co/teamdepot

For more Homer Fund info:
homerfund.org



Welcome 2019/2020 Community Captain!

This notebook provides key takeaways and serves as a quick reference guide to navigating and leading your store's Team Depot and Homer Fund efforts.

As you work to improve veteran's lives in your community and take care of associates in need, we hope you will also have the opportunity to network with peers, expand your leadership capabilities and live your best version of our Company's core values.

Most importantly, we want to THANK YOU for all of your hard work! Because of your dedication, we've been able to invest over a quarter of a billion dollars to veteran-related causes in addition to awarding \$175 million in grants to more than 138,000 associates and their families in need.

We couldn't do any of this without you and your leadership. We look forward to growing our company's culture with you.

Thank you for living our values,

The Home Depot Foundation, Team Depot and Homer Fund Teams

2019 Community Captains Notebook Table of Contents

Team Depot

Community Captain Responsibilities	1
Community Captain Directory.....	2
Team Depot Training.....	3
Community Captain Calendar.....	4
Spring Into Service.....	5
Legal/Safety.....	6
Team Depot SOP.....	7
Project Don'ts.....	8
Tools to Find a Nonprofit Partner.....	9
Project Planning Tools.....	10
Site Visit/Project Planning Checklist.....	11-14
Team Depot Grant Application.....	15
Giving Guidelines.....	16
Project Funding Request Form.....	17-20
Store Sponsored Project Summary.....	21
THDF Programs.....	22
Disaster Response.....	23-26

Homer Fund

Direct Grants & Prep Pack	27-39
Emergency Grant.....	40
Matching Grant & Pre-Approval Form.....	41-46
Orange Scholars.....	47-48
Fundraising.....	49
FAQ's.....	50-53

Roles and Responsibilities

Team Depot

1. Drive Team Depot participation for your store by:
 - Partnering with nonprofit organizations
 - Co-planning fun and safe Team Depot projects that engage associates and benefit veterans
 - Using giving guidelines to apply for Team Depot grants

Homer Fund

1. Drive the annual fundraising campaign Feb. 15 – April 15
2. Ensure education of associates on the Homer Fund's grant programs and application process



Community Captain Directory

1. The resource for district and store captain contact info.
2. It is up to YOU to keep the document current. Update for any captain personnel changes or to update existing contact info
3. Directory is located on thd.co/teamdepot at the top on the right side.

2019 CAPTAIN INFORMATION			
Captain's Name	Captain's Title	Captain's Email	Captain's Phone #
Jim Emge	District Manager	Jim_Emge@homedepot.com	(443) 253-8870
Andrae Bailey	Store Manager	ANDRAE_S_BAILEY@homedepot.com	(410) 652-5241
Don Crigger	ASM	donald_l_crigger@homedepot.com	(410) 937-8121
Jerome Bradley	ASM	JEROME_A_BRADLEY@homedepot.com	(443) 415-5351
Jay Collins	ASM	Asm_2506@homedepot.com	(443) 425-4234
Kyle Nemec	ASM	Kyle_j_nemec@homedepot.com	(717) 586-8950
Beverly Wolinski	ASM	ASM_2565@homedepot.com	(443) 956-3800
Trent Taylor	Associate	trenttaylor5433@gmail.com	(410) 652-2771
Lisa Jones	ASM	Asm_2577@homedepot.com	(443) 847-4068
Stephanie Prince	FES	kenisha_farrare@homedepot.com	(410) 238-7892
Tim Wightman	Store Manager	timothy_m_wightman@homedepot.com	(540) 623-9230
Chris Hassett	ASM	specialtyasm_4603@homedepot.com	(703) 823-1900
Eric Lefler	ASM	stephen_e_lefler@homedepot.com	(703) 670-3699
Zenas Rainey	ASM	zenas_d_rainey@homedepot.com	(703) 924-0193
Andre Parkes	ASM	specialtyasm_4617@homedepot.com	(703) 924-0193



Q1

Q2

Q3

Q4

February March April May June July August September October November December January

District Huddles

Feb. 15 – April 15

HF

Homer Fund Awareness and Education Efforts: Taking Care of Our People and Living Our Values

Homer Fund Campaign

Feb. 15 – April 15

Orange Scholars

Nov. – Jan. 2019

TD

Team Depot Projects: Engaging Associates and Supporting Our Veterans

Spring Into Service

March 20th – May 31st

Celebration of Service

Sept. 19 – Nov. 11

Quarterly Planning Calls



Q1 Call: Homer Fund Kick-Off

Q2 Call April 26

COS Kick-Off Call June 21

Q3 Call Aug. 16

Q4 Call Nov. 15

Learning Calls



TD Welcome/Apply for TD Mar. 1st

Recruit New Volunteers April 4th

Finding a good NP/National & VHG Partners May 24th

Team Depot Legal July 19th

COS Kick-Off / Making A Great District COS Project! Aug. 16th

Legal/Safety

1. Follow store SOP:

- If an associate is injured on site**
- For any project limitations due to age restrictions of participating associates**

2. All partner organizations must provide proof of \$1M general liability insurance.



Projects: The Don'ts



Tasks completed on any structure not permanently affixed to the ground is prohibited
(e.g. manufactured homes, mobile homes, trailers)



If project tests positive for lead paint (pre '78), asbestos (pre '81) or mold, a certified professional must remove prior to project



Roofing, HVAC, major electrical or plumbing, removal or disposal of mold, asbestos or other hazardous materials should not use volunteers



Project Planning Tools

1. There are three main project planning tools, all of which are located on thd.co/teamdepot:
 - Site Visit checklist
 - Project Planning Checklist
 - Project Playbook
2. In the beginning stages of project planning, conduct a thorough site visit WITH your nonprofit partner.
3. Use the Project Planning Checklist to help plan and execute TD projects.
4. The project playbook is an excel file that lists all tools, materials, shopping lists/quantities, etc. that will be needed for popular projects (such as building Mendocino benches). This tool will also introduce new projects that can be completed on your job site.



The Project planning checklist can be found on thd.co/teamdepot.



Team Depot Project Planning Checklist

Use this checklist to plan your Team Depot project. Check off each item as you complete it.

Organization Name:	
Organization Contact Name:	Phone & Email Address:
On-site Project Day Host's name::	Phone & Email Address:
Date of Site Visit(s):	Proposed Project Dates & Times (i.e. - Jan 3rd -4th 8am – 2pm):
Project Site Address:	

REMINDER!

Requests for projects that do not benefit veterans will be highly competitive. Applicants will be considered for funding between \$1,000 and \$5,000 per project.

What to do 8-10 weeks before expected project date

- Conduct a site visit at least 8 weeks before a proposed project completion date to determine the project feasibility and scope
- Obtain a copy of the organizations IRS nonprofit status determination letter (501c) or government municipalities (school, city, agency's W-9 form. *(State documents will not be accepted)*)
- Is the nonprofit in good standing with their Federal nonprofit registration? (i.e., is the registration expired)
- Determine if any skilled volunteers or task leaders are needed.
- Create your project description by using the **Team Depot Project Funding Request Form**.
- Make a store quote listing the products that The Home Depot will be providing (**no store markdowns**).
- Partner with your nonprofit to choose a date for the project and determine the time commitment involved.
- Finalize start and end times for the project.
- Obtain your store managers signature and district manager's commitment to the project.
- Fax your completed **Team Depot Project Funding Request Form, Store Quote, 501c tax exemption documentation or W-9 form and the front page of the proof of insurance** to your Division's Foundation Field Team to request funds for your project.
- Provide printed and electronic copies of the **Store Quote and Project Funding Request Form** to your nonprofit partner for their records.

Site Visit Checklist:

- Project scope and tasks to be completed. How many days will the project take? Do you have the right skills available among your associates?
- Tools and materials the community partner can provide. Will nonprofit partner provide food and/or beverages for volunteers? If so, where will they be located? Who is providing ice?
- Secure storage location for supplies and materials that will be delivered prior to the project (if necessary).



- Total Number of volunteer's needed: _____ (Don't forget to include the number per task on the Project Funding Request Form)
- Will the organization's staff or clients participate in the project? If they will participate, request guidelines for working with the particular population or facility. For example, some shelters will not allow photography of residents' children.
- Obtain Travel directions to and from the project site, restroom arrangements and parking instructions.
- Will food and beverages be provided by the site host?
- Are there trash cans or dumpsters available? Who is responsible for trash collection and removal?
- Confirm locations for posting banners and signage.
- Is there a first-aid kit available onsite?
- Location for Registration Table: *Tip: Confirm tables and chairs are available for the registration.*
- Are restrooms available, marked, and clean? Will they be stocked the day of project?
- Is there access to water (water hoses and nozzle) if necessary for mixing concrete, watering plants or other projects?
- Is there access to electricity and are extension cords available?
- Do you have a way to play music throughout the day? Will the nonprofit have a way to play music at their facility? *TIP: Music keeps the energy high and volunteers motivated.*
- Is sound equipment needed for the opening and closing ceremonies?
- Special requirements, if any, for children or family members of associates who may want to volunteer.

What to do 6-8 weeks before expected project date

- Confirm that your project forms have been received and going through the approval process with your Foundation Field Specialist. **NOTE: Please allow 4-6 weeks for the grant approval process from the date that a an online grant application is received by the applying organization.**
- Follow up with the organization to confirm that they have received an email from The Home Depot Foundation Field team and that they've submitted their online grant application for funding approval.
- Can this project be completed if it rains? If not, are there alternate plans the volunteers should know about ahead of time?
- Create cool flyers about the project and post in the break room to excite, engage and recruit volunteers. If the project is district-wide, provide flyers to the SMs or Team Depot Captains at the other store locations that are involved.
- Promote the event at store meetings, department meetings, at associate committee meetings and on the community board. Ask ASMs and Department Supervisors to promote the event within their teams.
- Identify and determine your project task leaders.
- Schedule a follow up site visit with your project task leaders so that they are familiar with the site prior to the date of the project.



- Order Team Depot t-shirts for volunteers and a Team Depot banner via eBay or from shophdgear.com. *(purchase shirts for newly recruited volunteers only)*

REMINDER!

Order Team Depot Shirts & Banner(s) at least three (3) weeks before project date.

Each store(s) is responsible for providing t-shirts for their volunteers.

What to do 2 - 5 weeks before expected project date

- If needed, request status update from Foundation Field Specialist to make sure funding is secured.
- Stay in touch with the nonprofit.
- Continue to promote the event at store meetings, staff meetings, and on your community board.
- Remind volunteers of their commitment and make sure they get the day off through the scheduler.
- Determine if children from the nonprofit will be involved or if associates-volunteers will bring their children. Remember, some sites may not allow children or have limitations on age so make sure you confirm this with the nonprofit beforehand and communicate this to your volunteers.
- Give volunteers the important event information: what to wear, alternate plans in the case of bad weather and parking instructions.
- Create and distribute a map and directions to the project site. Make sure that your parking directions are simple and clear. If space is limited plan to carpool or encourage using public transit.
- Put together a packet for the day of the event. Include sign-in sheet, emergency contact numbers, evaluation forms, name badges, pens, digital camera, banner, and recognition items.
- Plan set up and clean up for the day of the event.
- Remind volunteers to wear orange or their Team Depot shirts if they have one from previous events.
- Ask volunteers to bring their own water bottle and to refill at on-site water stations to reduce waste.
- Determine the number of first time volunteers and plan to bring enough Team Depot shirts to the project for new recruits or distribute beforehand.
- Select a Team Depot Safety Captain who is able to administer first aid on the day of the project.
- Designate a photographer and select a registration captain who is able to ensure that all volunteers sign the attendance/waiver form on the day of the project.

Day of Event

- Get there EARLY!
- Hang the Team Depot banner(s) at the project site. Put up any directional street signage if needed.
- Set up registration table. Be sure to have pens and markers for name badges if needed.
- Make sure that there is clear signage on containers for recycled products.
- Confirm that restrooms are clean and stocked.



- Do you have a way to distinguish your safety captain from other volunteers? You can use an orange vest, a fun hat or button.
- As volunteers arrive, have each volunteer sign attendance sheet/waiver form.
- Distribute Team Depot shirts to volunteers.
- Open the event with a short ceremony. During the meeting: introduce yourself, and members of the nonprofit, explain how the project will work, which team will do what and when the project will end. Go over safety instructions, where bathrooms are and when lunch will start! Ask for any questions. **NOTE: Talking points available on Team Depot's My Apron page.**
- Do The Home Depot cheer!
- Divide the volunteers into teams, if necessary.
- Keep the project on schedule.
- Serve food buffet-style, use reusable or recycled dishware and plastic-ware; donate leftover food to the nonprofit being served, the local food bank or create garden compost. Think of food that results in less waste like potluck meals and pizza.
- Take pictures and get fun quotes from volunteers to send to your Foundation Field Team for posting on Facebook!
- Be sure to participate, have fun and encourage the volunteers.
- Clean up as you go and leave site cleaner than you found it.
- Capture quotes and favorite moments from volunteers and task leaders.
- Contact Foundation PR at TeamDepotPR@homedepot.com , if local media attends the event.
- Close the day with a heartfelt thank you to all volunteers, anyone who donated food or supplies, and the nonprofit.

After the Event

- Complete the Post Project Summary located at thd.co/TeamDepot.com. You will need the Team Depot volunteer waiver to complete the summary.
- Give yourself a high-five, you did a **GREAT** job!!

Team Depot Grant: Giving Guidelines

- Average Team Depot Project is **\$9,000** and engages **30 associates**

Team Depot Veteran Focus Project Budget Guideline			
Grant Request	\$3,000	\$7,500	\$10,500
Store Engagement	Single Store	Multi-Store or District	Multi-Store or District
# of Team Depot Volunteers	10	25	35
			District
			75

- Projects > \$20,000: Your Regional Captain buy-in

Non-Veteran Team Depot Project Budget Limit is \$2,000





PROJECT FUNDING REQUEST FORM

STORE AND NONPROFIT INSTRUCTIONS TO REQUEST A GRANT

FOR TEAM DEPOT CAPTAIN ONLY

1. Conduct project site visit with your nonprofit partner.
2. Complete this Team Depot Project Funding Request Form. To save and send this document, download first and then enter information.
3. Once the form is complete, email completed Team Depot Project Request and Store Quote to your nonprofit partner.

FOR NONPROFIT PARTNER ONLY

1. Ensure you have electronic versions of the following documents:
 - Team Depot Project Funding Request (Completed and provided by Team Depot Captain)
 - Store Quote (Provided by Team Depot Captain)
 - IRS Determination Letter, Federal 501(c), W9, or Form 990 - document must show 9-digit EIN Tax ID number for your specific organization (not a parent organization)
 - Proof of General Liability Insurance (Coverage of volunteer's safety on project site)
2. Using the Team Depot Project Funding Request and Store Quote, begin your application using the following link:

<https://corporate.homedepot.com/team-depot-project-application>

STORE INFORMATION

Division: _____ Region: _____ District #: _____ Store #: _____

Store Manager: _____ District Manager: _____

Team Depot Store Captain: _____ Team Depot District Captain: _____

Team Depot Store Captain Phone #: _____ Team Depot District Captain Phone #: _____

Store Address: (mailing) _____ City: _____ State: _____ Zip: _____

Requestor's name, position & store dept: _____

Team Depot Captain? Yes No Phone #: _____

Requestor's email address: _____

Requested funding amount \$ (attach store quote) _____



PROJECT FUNDING REQUEST FORM

NONPROFIT PARTNER INFORMATION

Organization name: _____ Phone #: _____

Primary nonprofit contact name: _____ Title: _____

Primary nonprofit email address: (required) _____

Website: (if there is not an organizational website, state None) _____

Mailing address: Street _____ City: _____ State: _____ Zip: _____
(Physical address ONLY - PO Box will not be accepted)

Nonprofit public relations contact: _____ Title: _____

Phone #: _____ Email address: _____

PROJECT INFORMATION

Project title: _____

Project site street address: _____

Metro area: _____ City: _____ State: _____ Zip: _____

Expected date of project: (be mindful it takes 4-6 weeks to review a request) _____

Project start time: _____ Project end time: _____

Will a prep day be needed? Yes No If yes, when? _____

Follow-up project date, if needed: _____

Will this be a district project? Yes No List stores involved: _____

Will this project directly benefit veterans? Yes No If yes, how many? _____

Which of the following best describes your project site? (check all that apply)

- Individual home (single-family detached)
- Movable dwelling (mobile home, etc.)
- VA Hospital
- A Veterans Memorial
- Permanent housing facility
- Semi-detached dwelling (multi-family, duplex, etc.)
- VFW/American Legion/DAV
- Transitional housing facility
- Other, please specify: _____

Total number of Home Depot volunteers: _____ How many Home Depot volunteers are veterans: _____

Total number community volunteers: _____ How many community volunteers are veterans: _____



PROJECT FUNDING REQUEST FORM

NONPROFIT PARTNER INFORMATION

HOW? How did the store get involved in this project?

WHO? Please share some information about the recipient's background, and his/her story.

Please share some information about the veteran's military service.

Branch served: _____ Conflicts served: _____

Years served: _____ Other information: _____

WHY? What is the most significant impact this project will have on the recipient and why?

Which two tasks address the biggest needs for the recipient?

Task 1: (Needs addressed)

Task 2: (Needs addressed)



PROJECT FUNDING REQUEST FORM

PROJECT INFORMATION (ALL FIELDS REQUIRED)

Please detail the projects you are interested in Team Depot taking on in order of priority.

TASK NAME	PROJECT DESCRIPTION	WHY IS THIS TASK A NEED?

Store Sponsored Projects

1. **Store Sponsored Projects** are store volunteer efforts that do not require Foundation funding. Criteria includes:
 - Not funded by Team Depot or Foundation
 - Involves a minimum of 5 associates
 - Store Management Aware
2. **Does not include:**
 - On-site Kids Workshops and DIY workshops
 - Outright product donations
3. **Enter info at thd.co/Team Depot.**
4. **Store Sponsored projects now count towards region volunteer goals.**



Disaster Response

1. **Contact Foundation Field Managers for disaster relief requests and budget**
 - Northern Division- courtney_smith@homedepot.com
 - Southern Division- sean_vissar@homedepot.com
 - Western Division- ryan_braddy@homedepot.com
2. **There are three documents needed for reimbursement**
 - W-9, Store Quote, and Disaster Relief Request Form
3. **If approved, gift cards will be emailed to Store Manager.**



Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



EMERGENCY DISASTER RELIEF DONATION FORM

Disaster Type:		Date:	
Disaster Location:		District:	

This emergency donation fund has been setup to address immediate disaster relief only. Donations are to be made to established nonprofit organizations (e.g. **Salvation Army**) or the local **Fire Dept, Police Dept, City, County or State Emergency Management Agency**.

How to Process This Request:

Stores must submit the following to their Foundation Field Manager to cover donations released to nonprofits or government agencies for immediate disaster relief. A gift card will be mailed directly to the Store Manager.

- Completed Emergency Disaster Relief Donation form with a copy of the quote and the organizations' 501c letter, 9 Digit Federal EIN Number, or W9 form if working with municipal organization.

Note: This is the only time The Home Depot Foundation will release funds directly to the store on behalf of a nonprofit.

Guidelines

- Immediate disaster relief supplies consist of tarps, trash bags, gloves, water, etc. No heavy equipment unless pre-approved by your Foundation Field Manager.
- Associates impacted by the disaster should be directed to the Homer Fund.
- Individuals requesting donations should be directed to American Red Cross, Salvation Army, or FEMA.
- This donation request form is not valid once the disaster has been declared over.

STORE INFORMATION: MUST BE COMPLETED IN FULL

Request Date:	Donation Amount:
Store #:	Store Manager:
Region:	District Manager:
Requested By:	

NONPROFIT ORGANIZATION INFORMATION: MUST BE COMPLETED IN FULL

Organization Name:	Contact Name:
Contact Email Address:	501(c)(3) Tax-exempt Number:
Mailing Address (no P.O. Box):	City/State/Zip:
Contact Phone # (state if office or cell #):	

FOUNDATION FIELD STAFF

<p><u>Northern Division</u> Courtney Smith Courtney_Smith@homedepot.com 770-433-8211 (Office) Ext. 83409 877-981-2554 (Fax)</p>	<p><u>Western Division</u> Ryan Braddy Ryan_Braddy@homedepot.com 770-384-3833 (Office) 877-981-2551 (Fax)</p>	<p><u>Southern Division</u> Sean Vissar Sean_Vissar@homedepot.com 770-384-4180 (Office) Ext. 14180 877-959-1036 (Fax)</p>
---	---	---

WARNING

Ash from burned structures has been found to contain various hazardous substances, including metals such as lead, arsenic, and cadmium; asbestos, and PCBs, among other hazardous substances. To avoid the risk of exposure to hazardous substances in ash, it is best to avoid contact with ash from structural fires entirely; however, if contact with ash is unavoidable, such as when homeowners return to their property following a fire, they should wear personal protective equipment to reduce the risks of their exposure to ash. Many local and state health agencies recommend that long-sleeved shirts and long pants be worn to minimize skin exposure to fire ash and other particulate debris; that appropriate puncture/crush-resistant footwear and work gloves be worn to protect hands and feet; that safety glasses or goggles be worn to protect the eyes from physical damage due to ash exposure; and that a properly fitted dust mask (NIOSH N-95 equivalent respirator or better) be worn while exposed to ash. Finally, to ensure ash and other contaminants from a structure fire are not disseminated elsewhere outside the burned areas, health agencies also recommend that personal protective equipment be taken off prior to entering a vehicle and/or leaving the area. You should contact your local health department for more specific information on how to reduce the risks of exposure to ash before accessing the site of a structure fire.

WARNING

Ash from burned structures has been found to contain various hazardous substances, including metals such as lead, arsenic, and cadmium; asbestos, and PCBs, among other hazardous substances. To avoid the risk of exposure to hazardous substances in ash, it is best to avoid contact with ash from structural fires entirely; however, if contact with ash is unavoidable, such as when homeowners return to their property following a fire, they should wear personal protective equipment to reduce the risks of their exposure to ash. Many local and state health agencies recommend that long-sleeved shirts and long pants be worn to minimize skin exposure to fire ash and other particulate debris; that appropriate puncture/crush-resistant footwear and work gloves be worn to protect hands and feet; that safety glasses or goggles be worn to protect the eyes from physical damage due to ash exposure; and that a properly fitted dust mask (NIOSH N-95 equivalent respirator or better) be worn while exposed to ash. Finally, to ensure ash and other contaminants from a structure fire are not disseminated elsewhere outside the burned areas, health agencies also recommend that personal protective equipment be taken off prior to entering a vehicle and/or leaving the area. You should contact your local health department for more specific information on how to reduce the risks of exposure to ash before accessing the site of a structure fire.



THE HOMER FUND

DIRECT GRANT PREP PACK

*This packet contains relevant forms and information **REQUIRED** to accompany the electronic application for a Direct Grant.*

*This packet **IS NOT** the Direct Grant application.*

Applicant's Checklist:

- Determine preliminary eligibility by taking the quick-test online at THDHomerFund.org/grants/direct_new/dg_test/
- If eligible for a Direct Grant, complete page 4 of this Direct Grant Prep Pack and the corresponding page for the applicant's qualifying event
 - Applicant's signature is required as verification that all provided information is true and correct, and as authorization for the Fund to verify all information
- Gather supporting documentation relevant to your situation (refer to the Documents Checklist on each of the following pages)
 - Pages 4 and 10 of the Prep Pack are **REQUIRED**
 - Current copies of bills for which you are requesting assistance is required
- Partner with your ASDS, HR partner, or any manager or above to formally apply
 - Sponsors must complete the **electronic application** and submit the Direct Grant Prep Pack 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
- 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/
- 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 Direct 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 (refer to the Documents Checklist on each of the following pages)
 - Pages 4 and 10 of the Prep Pack are **REQUIRED**
 - Current copies of bills is required
- 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
- Fax information to (770) 384-2612

HELPFUL FAQs AND TIPS

The Homer Fund is a 501(c)3 non-profit charity that offers emergency financial assistance to Home Depot associates facing an unforeseen hardship

1. What is a qualifying, or triggering event?

A qualifying event, as defined by The Homer Fund, is a recent and unanticipated event that has caused a financial hardship. Specifically, the Direct Grant considers a short but impactful list of qualifying events listed below:

- Natural disaster or house fire
- Illness or injury
- Death
- Unforeseen sale/foreclosure of a home where the associate is the renter
- Involuntary unemployment due to a layoff, position elimination, company closure/downsize

**Qualifying applications must have both a qualifying event AND a qualifying expense; one without the other typically results in a decline*

2. What is a qualifying expense?

The Direct Grant primarily addresses basic living expenses for which the applicant is unable to pay:

- Past due rent/mortgage
- Past due basic utilities (gas, water and electricity ONLY)
- Security deposits to establish a new residence
- Food and clothing

The Direct Grant may also address some essential expenses related to the death of a loved one:

- Essential funeral expenses
- Emergency travel expenses

3. Who is included as a qualifying family member?

- Associate's legal spouse (marriage certificate may be requested)
- Associate's legal dependent (recent tax return listing person as a dependent may be requested)
- Associate's parent, sibling or adult child (relevant to the death category ONLY; proof of relation will be requested)

4. How often can I apply for a Direct Grant?

Because a Direct Grant addresses an abnormal and unforeseen events causing a hardship, Direct Grants are a one-time grant. It is unlikely that more than one Direct Grant for the same situation will be issued. However, an associate could potentially receive multiple Direct Grants for different situations. For instance, an associate may receive a Direct Grant in January due to the loss of their home in a fire. This same associate might receive another Direct Grant in June of the same year because their spouse became ill and the associate had to take time from work to care for the spouse. If the spouse's illness leads to their death in November of that same year, yet another Direct Grant could be appropriate.

5. What happens after I submit my application to The Homer Fund?

Once you have gathered your supporting documents and completed the Direct Grant Prep Pack, you will meet with your ASDS, HR partner or manager (also known as a sponsor) to apply. Your “sponsor” must complete the electronic application online and submit your Direct Grant Prep Pack to The Homer Fund. Once received by The Homer Fund, your request is assigned to an Analyst who will perform the preliminary review of your request.

The Analyst is your advocate throughout the review process. The assigned Analyst will ensure the application is complete (including all supporting documentation), and ensure they have a thorough understanding of the applicant’s situation to properly support your need. Each case is different and decisions are based on the documentation submitted. We encourage you to be specific in the explanation of your unique situation so the Analyst has clarity about your need. The Analyst will reach out to you or your sponsors with any questions, so ensure your contact information is accurate. The Analyst will prepare your request for a final review with a manager where a decision will be made on how The Homer Fund can help. The Homer Fund will ALWAYS provide the most assistance possible, based on the qualifying event and the necessary expenses. Please allow 5-7 business days for this process to take place. Requests submitted without the proper documentation are declined upon receipt.

6. How can I ensure my application is processed quickly?

New requests may take 5-7 business days to process. The biggest cause for delay is lack of documentation. An application which is complete upon receipt may be processed much sooner. Reference the Applicant’s Checklist on page one of the Direct Grant Prep Pack to ensure you follow the proper steps, and provide all documents upon submission of your request to minimize delays or a declination. Requests submitted without the proper documentation are declined upon receipt.

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 Direct Grant Prep Pack 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) 384-3612 or email documents to Homer_Fund@homedepot.com



BASIC INFORMATION

(Must be completed for all Direct Grant applications)

ASSOCIATE'S INFORMATION
(items in bold must be completed)

Legal Name: _____ **Associate ID Number:** _____

Physical Street Address: _____
(Do not provide a P.O. Box address)

City: _____ **State:** _____ **Zip:** _____

Phone Number: (____) _____ - _____ **Email Address (if available):** _____

Mobile Number: (____) _____ - _____ **May we communicate with you via text:** Yes No

Job Title: _____ **Full-time or Part-time Associate?:** FT PT

Home Depot Store Number: _____ **Hourly or Salaried Associate?:** Hourly Salaried

_____/_____/_____
Associate's Signature** **Date**

If awarded a grant, I give The Homer Fund permission to use my story (check if you agree).

***My signature serves as verification that all information provided on this application is true and correct, and authorizes The Homer Fund to verify all information and/or to obtain additional information as needed to complete my request for assistance.*

QUALIFYING EVENT

As a reminder, all applications require pages 4 and 10. Please mark the event which has caused the hardship below for additional page requirements:

- Natural Disaster/Fire** – i.e., hurricane, flood, earthquake, tornado, wind/ice storm, wild fires, etc. (complete pages 4, 5, 10 & 12)
- Illness/Injury** (complete pages 4, 6, 10 & 12)
- Uninhabitable or Condemed Housing** (complete pages 4, 8, 10 & 12)
- Death** (complete pages 4, 7, 10 & 12)
- Sale or Foreclosure of leased property** (complete pages 4, 8, 10 & 12)
- Uninsured Home Modification** (complete pages 4, 6, 10 & 12)
- Unanticipated Increase in Family Size** (complete pages 4, 9, 10 & 12)

REQUESTED EXPENSES

Please mark requested expenses related to the qualifying event above:

- Past due rent/mortgage/security deposit**
- Home repairs or modification**
- Past due electricity, water or gas**
- Food**
- Medical insurance premiums (THD)**
- Clothing**
- Funeral expenses/emergency travel**

NATURAL DISASTER/FIRE

The Homer Fund helps associates who are unable to pay for housing, utilities, food and clothing because of a natural disaster or a fire that has damaged or destroyed his or her primary residence. Expenses may be addressed in the absence of insurance that will cover the costs listed below.

WHAT'S COVERED (no exceptions)

- Temporary housing (such as hotel until primary residence is rebuilt)
- Security deposit to move into new rental home/apartment
- Essential utility bills/deposits (electricity, natural gas, water, sanitation), homeowners association and property taxes
- Home repair/rebuilding costs/building supplies
- Essential furniture and toiletries
- Appliances (refrigerator & stove only)
- Stipends for food, clothing and moving expenses

WHAT'S NOT COVERED

- Down payment to purchase new home
- Auto repairs or replacement
- Storage expenses
- Electronics
- Non-essential utilities (cable, phone, cell phone, internet)

GENERAL INFORMATION

What type of natural disaster has affected the associate?

- Fire Tornado Flood Hurricane
 Earthquake Blizzard/Ice/Wind Storm Other _____

Yes No

- Does the associate have homeowners or renters insurance? If the associate has insurance, how much has the insurance company paid thus far? \$_____
- Is the insurance company paying for the associate's immediate needs?
- Is the insurance company reimbursing the associate for out-of-pocket expenses?
- Can the associate live in his or her primary residence?
- Is the associate seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 12) is required.

Where is the associate currently living? Relatives Friends Hotel Shelter _____

With what basic, essential needs does the associate seek help?

- Security deposit Utilities Furniture Appliances Clothing Repairs Food

If the home damaged in the disaster or fire is an apartment/rental home, is the apartment complex/landlord doing anything to assist the associate (refunded security deposit/rent, provided another apartment/rental home, discounted rent)? Yes (explain below) No

Please tell us anything else that would help us assess this request on Page 10

Document Checklist (The following documents are **required at time of submitting** application for review):

- Fire report/Police report
- Landlord statement for new apartment/rental home stating all monies needed to move-in (security deposit, first month's rent, etc.)
- Essential utilities deposit statements (electricity, gas, water, sanitation)
- Quote for home repairs if associate owns the damaged home
- Proof of insurance payout or declination letter
- Any other documentation relevant to this request (insurance report, etc.)

ILLNESS OR INJURY

The Homer Fund helps associates who are unable to pay for housing, utilities, food, clothing and uninsured home modifications because of an illness or injury sustained by the associate, their legal spouse or legal dependent. **Typically parents, grandparents, or other relatives are not considered dependents, unless the associate can show they are 100% financially responsible for that relative.**

WHAT'S COVERED (no exceptions)

- Past due rent/mortgage (must have received a past due notice)
- Past due essential utilities (Most current utility bills)
- Rent/essential utility deposits - if moving into more affordable housing (electricity, natural gas, water, sanitation, homeowners association fees, property taxes only)
- Home modifications (wheelchair ramp, doorways, bathroom, lifts etc.)
- Necessary hotel accommodations (up to \$100 per night) to accompany a hospitalized qualifying dependent
- Medical Insurance premiums after 60 consecutive days on medical leave (current copy of detailed bill, including ALL pages)
- Food and clothing

WHAT'S NOT COVERED

- Medical Bills
- Treatment costs (surgery, chemotherapy)
- Co-pays
- Medication/Medical Equipment
- Non-essential utilities (cable, phone, cell phone)
- Transportation (gas, repairs, airfare, moving expenses, etc.)
- Auto payments, credit cards, personal loans (including loans from family), child care

GENERAL INFORMATION

Who is the ill/injured party? Associate Spouse Minor Child
 Other Dependent (proof of dependency required): _____

- | | |
|--|--|
| <p><u>Yes</u> <u>No</u></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Is the affected person covered by medical insurance?</p> <p>Does the affected person have any medical bills that are not covered by insurance? If so, how much? \$ _____</p> <p>Is/was the affected person on a leave of absence due to the illness or injury? If yes, what is/was the start date of the leave and expected return date? Start date ____/____/____ Return or expected date ____/____/____</p> <p><u>PLEASE PROVIDE PHYSICIAN'S STATEMENT CONFIRMING ONSET, DURATION, AND EXPECTED DATE OF RETURN</u></p> <p>If the associate is not the ill or injured party, does the affected person live with the associate?</p> <p>Is the ill/injured person covered by disability insurance?</p> <p>Is/was the affected person receiving disability benefits? If so, how much? \$ _____/week</p> <p>Has the associate applied for disability?</p> <p>Is there a need for home modifications?</p> <p>Is the associate being evicted or foreclosed?</p> |
|--|--|

With what basic, essential needs does the associate seek help?

- Security deposit Utilities Medical insurance premiums Home modifications Clothing Food

Please provide more details on Page 10

Document Checklist
 (The following documents are **required upon submission** to The Homer Fund for review)

- Physician's statement supporting dates of illness and expected date of recovery/return to work
- Receipts for paid medical expenses (or other documentation to support payment of medical bills)
- Past due notices for rent/mortgage/essential utilities
- Rent/essential utilities deposit statements (if moving into more affordable housing)
- All pages of the insurance premium bill from The Home Depot, plus any other documentation relevant to this request (i.e., medical bills to support claim of high bills, etc.)

DEATH

The Homer Fund helps associates who are unable to pay for housing, utilities and food because of the death of the associate, their legal spouse or legal dependent, their parents and their young adult children (up to age 26). The Fund may be able to help if the loss of income or the payment of funeral expenses prevents an associate or eligible dependent from paying basic living expenses. The Homer Fund may assist with funeral expenses if the associate is unable to afford the funeral. The Direct Grant also helps with emergency travel expenses to the funeral of their parents, siblings and children. **Typically, grandparents or other relatives are not considered dependents; unless the associate can show they were 100% financially responsible for that relative prior to their death.**

WHAT'S COVERED (no exceptions)

- Funeral expenses – essential costs only (*excludes* notices, flowers, acknowledgements, limousines, grave markers, etc.)
- Emergency travel expenses
- Rent/basic utilities deposits - if moving into more affordable housing (electric, natural gas, water, sanitation, homeowners association, property taxes only)

WHAT'S NOT COVERED

- Medical bills
- Treatment costs (surgery, chemotherapy, etc.)
- Insurance premiums/co-pays
- Transportation (gas, repairs, airfare, moving expenses, etc.)
- Non-essential utilities (cable, phone, cell phone)

GENERAL INFORMATION

Who is the deceased? Associate Spouse Parent Sibling Other Dependent: _____

With which of the expenses below is associate seeking help?

Emergency travel expenses Funeral expenses Security deposit Utilities Food Clothing

Yes No

 Did the deceased have life insurance? If so, how much? \$ _____
 If so, who is the beneficiary? _____

 Did the deceased work outside of the home or have other income?

 Has funeral already been paid? If yes, what method was used to pay the expense?

Associate's savings Associate's credit card Family Collection

Associate borrowed from a bank Associate borrowed from an individual

 Are there any unpaid funeral expenses? If so, what is the balance? _____

If the services were paid, who made the payment? _____

What proof does the associate have to show how he/she paid for the funeral? _____

How many people are contributing to the cost of funeral? _____

What is the amount for which the associate is directly responsible? _____

PLEASE PROVIDE COPY OF ITEMIZED FUNERAL EXPENSE CONTRACT WITH YOUR APPLICATION

What is the name, address and phone number of the funeral home/cemetery requiring payment?

Name of Funeral Home/Cemetery: _____

Phone Number of Funeral Home/Cemetery: (_____)_____-_____

Please provide more details on Page 10

<p>Document Checklist (The following documents are required upon submission to The Homer Fund for review)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Itemized funeral expenses bill/quote <input type="checkbox"/> Receipt showing payment of funeral services <input type="checkbox"/> Past due notices for rent/mortgage/essential utilities <input type="checkbox"/> Rent/essential utilities deposit statements (if moving into more affordable housing) <input type="checkbox"/> Proof of relationship (ie: Obituary, birth certificate, etc.) <input type="checkbox"/> Any other documentation relevant to this request (medical bills, etc.)
--	--

UNINHABITABLE/CONDEMNED HOUSING OR UNANTICIPATED SALE OR FORECLOSURE

The Homer Fund helps associates with relocation if their home is uninhabitable or condemned, or if forced to relocate due to unanticipated sale or foreclosure of a property they rent from a private landlord.

WHAT'S COVERED (no exceptions)

- Housing (such as hotel until primary residence is rebuilt)
- Security deposit to move into new rental home/apartment
- Essential utility bills/deposits (electric, natural gas, water, sanitation, homeowners association, property taxes only)
- Renters insurance deductibles
- Food and clothing
- Furniture/Appliances
- Moving expenses

WHAT'S NOT COVERED

- Home repair/rebuilding costs/building supplies
- Down payment on new home
- Auto repairs or replacement
- Non-essential utilities (cable, phone, cell phone)
- Storage expenses
- Electronics

GENERAL INFORMATION

Which situation applies to this associate?

- Unanticipated Sale/Foreclosure of leased property - **attach related verification (i.e., notice to evacuate, foreclosure notice, notice of sale)**
- Uninhabitable/condemned Housing (**i.e., mold, rodent/insect infestation, code violation**)

Yes

No

- Does the associate have renter's insurance?
- If so, has the insurance company paid the associate?
If yes, how much has the insurance company paid? _____
- Is the associate currently living in the residence?
If so, what is/was the move-out date? ___/___/___
- Is the associate seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 9) is required.

When did associate last pay rent? ___/___/___ What amount was paid? \$_____.

Where is the associate currently living? Relatives Friends Hotel Shelter _____

With what basic, essential needs does the associate seek help?

- Security deposit Utilities Furniture Appliances Clothing Food

If an apartment/rental home was damaged or destroyed, what is the apartment complex/landlord doing to assist the associate (refunded security deposit/rent, provided another apartment/rental home, discounted rent)?

Please provide more details on Page 10

Document Checklist

(The following documents are **required upon submission** to The Homer Fund for review)

- Notice to vacate/foreclosure notice
- Notice of condemnation/other documentation showing home uninhabitable
- Landlord statement for new apartment/rental home stating all monies needed to move-in (security deposit, first month's rent, etc.)
- Essential utilities deposit statements (electricity, gas, water)
- Any other documentation relevant to this request (insurance report, etc.)

UNANTICIPATED INCREASE IN FAMILY SIZE

The Homer Fund may assist with some expenses related to the unanticipated addition of family members due to a recent death, incarceration, drug abuse, physical abuse/neglect or long-term hospitalization of the associate's child/sibling/parent or custodial parent.

WHAT'S COVERED (no exceptions)

- Security deposit to move into new rental home/apartment with sufficient space to accommodate new family members
- Essential utility bills/deposits (electric, natural gas, water, sanitation)
- Furniture/Appliances
- Moving expenses
- Food and clothing

WHAT'S NOT COVERED

- Home repair/rebuilding costs/building supplies
- Down payment on new home
- Auto repairs or replacement
- Non-essential utilities (cable, phone, cell phone)
- Storage expenses
- Legal fees

GENERAL INFORMATION

Who are the additional people for which the associate is now responsible?

- Grandchildren – how many? _____ Non-custodial children – how many? _____
- Other relative: _____ – how many? _____

What situation caused the associate to take custody?

- Death of associate's child/associate's sibling/associate's parent/child's custodial parent
- Incarceration of associate's child/associate's sibling/associate's parent/child's custodial parent
- Hospitalization of associate's child/associate's sibling/associate's parent/child's custodial parent
- Abuse related to associate's child/associate's sibling/associate's parent/child's custodial parent

Yes No

- Does the associate have legal custody of the people noted above?
- Is the associate seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 9) is required.
- Is the associate seeking assistance with clothing or food?

Please provide more details on Page 10

Document Checklist

(The following documents are **required upon submission** to The Homer Fund for review)

- Legal custody or proof of guardianship
- Landlord statement for new apartment/rental home stating all monies needed to move-in (security deposit, first month's rent, etc.)
- Essential utilities deposit statements (electricity, gas, water)
- Any other documentation relevant to this request (insurance report, etc.)

HOMER FUND FINANCIAL WORKSHEET
 (Must be completed for all Direct Grant applications)

Associate Name: _____
Associate ID Number: _____ Store #: _____

The Homer Fund looks at all the 'bits and pieces' of every situation in order to determine eligibility. Seeing an associate's complete financial picture helps us to better understand and appreciate the associate's circumstances. Before receiving a grant, an associate must show the lack of financial resources and/or that he or she can afford their bills going forward.

How many people live in the associate's household (including associate)? _____ Adult(s) _____ Child(ren)

Name	Relationship	Age	Monetary Contributor?
			<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

SECTION 1: Your MONTHLY Household Income:	Normal Monthly Gross Income (Pre-tax)	Current Amount (if different from prev column)
Associate's Monthly Gross (Pre-tax) Pay	\$	\$
Spouse's Monthly Gross (Pre-tax) Pay	\$	\$
Contributions From Other Adults In Household	\$	\$
Child Support and Alimony Received	\$	\$
Disability Insurance	\$	\$
Social Security/Pension	\$	\$
Income from TANF or SNAP	\$	\$
Other Income	\$	\$
Section 1 Total	\$	\$
SECTION 2: Your MONTHLY Debt Payment:	Monthly Debt (full amount)	Monthly Debt (associate's share)
Car Loans (<i>monthly payments ONLY</i>)	\$	\$
Credit Cards (<i>monthly payments ONLY</i>)	\$	\$
Child Support/Alimony Paid (DO NOT list if automatically deducted from paycheck)	\$	\$
Medical Bills (<i>monthly payments ONLY</i>)	\$	\$
Other (<i>gasoline, auto insurance, church, etc.</i>)	\$	\$
Section 2 Total	\$	\$
SECTION 3: Your MONTHLY Living Expenses:	Monthly Living Expenses (full amount)	Monthly Living Expenses (associate's share)
Current or Proposed Rent/Mortgage (<i>in designated field, provide associate's share if split with other household members</i>)	\$	\$
Utilities (<i>electricity, natural gas, water/sanitation</i>)	\$	\$
Homeowners association fees or property taxes (<i>if applicable</i>)	\$	\$
Food	\$	\$
Prescriptions/medical co-pays	\$	\$
Other (<i>cell phone, cable, daycare/tuition, clothing, etc.</i>)	\$	\$
Section 3 Total	\$	\$
NET INCOME (add Sections 2 and 3 together and subtract from Section 1)	\$	\$

This form is required for all applications requesting assistance with moving into a new apartment/rental home or hotel/motel. Please have your potential landlord or apartment complex complete this form. You may also provide a similar statement on your landlord's letterhead with the appropriate information.

ASSOCIATE INFORMATION

Legal Name: _____ Home Depot # or Subsidiary: _____

If requesting a hotel for temporary shelter, how long will you need the room? _____

I certify that I have applied for and been approved to move into the property listed below.

_____/_____/_____
 Associate's Signature Date

APARTMENT/LANDLORD INFORMATION
 (for permanent residence)

Apartment Complex Name or Landlord's Name (please print): _____

Apartment/Rental Home Address: _____

Apartment Complex or Landlord's Phone Number : (_____) _____ - _____

Anticipated move-in date: ____/____/____

Names on lease and other residents:

- | | |
|--------------------------------------|--------------------------------------|
| Apartment | Rental House |
| <input type="checkbox"/> 1 bedroom | <input type="checkbox"/> 1 bedroom |
| <input type="checkbox"/> 2 bedrooms | <input type="checkbox"/> 2 bedrooms |
| <input type="checkbox"/> 3 bedrooms | <input type="checkbox"/> 3 bedrooms |
| <input type="checkbox"/> 4+ bedrooms | <input type="checkbox"/> 4+ bedrooms |

Total Amount Needed to Occupy Property:

- \$ _____ security deposit
- \$ _____ 1st month's rent
- \$ _____ pet deposits
- \$ _____ other deposits (utilities, appliances, etc.)

\$ _____ TOTAL

Has the landlord received the security deposit? Yes No

All checks for security deposit are made payable to the landlord or apartment complex only. Please make all checks payable to: _____

_____/_____/_____
 Landlord/Complex Manager's Signature Date

APARTMENT/LANDLORD/HOTEL INFORMATION
 (for temporary residence)

Hotel/Motel's Name (please print): _____

Hotel/Motel's Address: _____

Please Provide Dates for This Temporary Housing _____

Daily Rate: \$ _____ **Weekly Rate:** \$ _____ **Phone #:** _____

 Manager's Name

ASSOCIATE PERSONAL STATEMENT

Provide details on the events that have led to the request for Homer Fund assistance. Also, be clear about the expenses for which you are seeking help. A transparent picture of the events and the resulting expense(s) will reduce questions and help process your request quicker. Add as many pages as necessary to provide a distinct summary of the current hardship.

FOR WHAT EXPENSE(S) ARE YOU SEEKING ASSISTANCE (i.e., past due rent, utilities, funeral expenses, etc)? – Please remember to provide copies of the most current bills only.

EXPENSE TYPE	CREDITOR'S NAME	AMOUNT DUE
<input type="checkbox"/> Past due rent/mortgage		\$
<input type="checkbox"/> Past due gas/electricity/water		\$
<input type="checkbox"/> Electric		\$
<input type="checkbox"/> Water		\$
<input type="checkbox"/> Sewer		\$
<input type="checkbox"/> Security Deposit		\$
<input type="checkbox"/> HOA		\$
<input type="checkbox"/> Property Taxes		\$
<input type="checkbox"/> Medical Insurance Premium		\$
<input type="checkbox"/> Funeral expenses		\$
<input type="checkbox"/> Emergency travel		\$
<input type="checkbox"/> Other (explain)		\$

PROVIDE DETAILS OF THE EVENT(S) LEADING TO YOUR INABILITY TO PAY THE EXPENSE(S) ABOVE?

Homer Fund Matching Grant

1. Awards up to \$5,000 to help pay necessary expenses due to unanticipated events**
2. Flexible criteria
3. Remove possibility of a Direct Grant by using the eligibility quick test on THDHomerFund.org

* *Based on documented need, therefore \$2-for-\$1 match is not guaranteed*
♦ *Pre-approval is required before collecting funds for matching*



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/
- 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
- 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/
- 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
- 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

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? Requests will be declined without documentation. Attach to this form.	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)	\$

Continue to Next Page

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 in order of importance.

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.

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) 384-3612 or email documents to Homer_Fund@homedepot.com

Orange Scholars

- Scholarship program for dependents of associates, awards up to \$2,500**
- Heavily based on financial need, followed by academic performance and community involvement**
- Application period: Nov. 1 – Jan. 22**





DO YOU KNOW A FUTURE ORANGE SCHOLAR?

Orange Scholars Scholarships are available to associates' children and are primarily based on financial need.

Academic performance, community involvement and leadership are also considered.



Since 2006, **11,500 students** have been named Orange Scholars, totaling **more than \$27 million** in academic aid.

APPLICANTS

Must be a current high school senior or college freshman, sophomore or junior planning to enroll as a full-time undergraduate student in fall 2019.

Applicant's parent or legal guardian must be an hourly associate of The Home Depot for at least one year as of Nov. 1, 2018, and must be an associate when the scholarship is awarded.

Must attend an accredited non-profit two- or four-year college or university within the U.S., Canada or Mexico. Students at for-profit institutions are not eligible.

48.

Apply online through **Jan. 22, 2019 @ applyISTS.net/OrangeScholars**. Follow **@HomerFund** on Twitter for more information.





Team Depot FAQs

Team Depot Community Captainship

Where can I go to better understand my role as a Team Depot captain?

Congrats on your role as community captain! Your goal is to drive team depot participation for your store/district by partnering with nonprofit partners, planning fun and safe team depot projects that engage associates and benefit veterans, and recruiting store associates to work on project day.

To learn more about your role, please visit thd.co/teamdepot and click on “Team Depot Training” on the menu. The SSC Foundation Field Team also hosts quarterly learning calls to keep Team Depot captains knowledgeable and informed (see page 4 of this notebook for dates).

Where can I find contact information for other store, district, and regional Team Depot captains?

On the Community Captain Directory located at thd.co/teamdepot.

How do I know how my store/district is doing with our Team Depot goals?

You will receive a biweekly report which shows Team Depot volunteer activity down to the store level. This is a great way to track your goals and to see how you are tracking with other districts across the country.

Working with a Community Partner

Where can I find a community partner to work with?

We have a few tools to help you. You can use the Community Partner Resource Guide located at thd.co/TeamDepot to get a list of historical partners that have been funded by the Foundation. Or, you can also do a web search or talk with associates and customers about potential partners in your area.

Do we fund individuals directly?

No. Funds are awarded to 501c nonprofits and tax-exempt government agencies (schools, police departments, fire departments) only. The nonprofits/agencies are the official beneficiaries of all Team Depot grants.

What if a community partner approaches my store for funding, but there is no associate volunteer need?

Team Depot projects use associate volunteers to get the work done. If there is no associate volunteer need, then the project does not qualify for Team Depot funds. Instead, direct the community partner



to apply for our Community Impact Grants. Information can be found on our corporate Web site at www.homedepot.com/impactgrants.

Planning a Project

There are two types of Team Depot Projects: Grant Funded and Store Sponsored.

Grant Funded Team Depot projects use Foundation funding to engage store associates in hands-on volunteer projects (i.e. painting, minor repairs, building benches, etc.). Store Captains partner with 501c or tax-exempt government agencies to officially apply (using a non-public, invitation only link) for a Team Depot grant online. If the grant is approved by the SSC Foundation Field team, payment is released in the form of e-gift cards to the nonprofit/agency in order to purchase materials to complete the project.

Store Sponsored projects involve a minimum of 5 Team Depot associates but do not require Foundation funding to complete. The project may simply not cost any money (like passing out food at a soup kitchen) or the cost may be paid through a store markdown (like a can of paint used to refresh a small school breakroom). Store Sponsored projects must follow the following requirements in order to count:

- Not funded by Team depot or Foundation
- Involve a minimum of 5 HD associates
- Team Depot captain/store manager approval

Does Not include:

- On-site Kids Workshops and DIY Workshops
- Outright product donations

What planning tools can I use to create a fun and safe project for my associates?

- All project planning tools can be found on thd.co/teamdepot in the “Plan a Project” section.
- **The site visit/project planning checklist** (also located on 10-13 in this notebook) walks you step by step on how to plan a fun and safe project from start to finish.
- **The Project Playbook** is an excel document that contains key information (material lists, quantities needed, # of vols needed) to help you complete common projects. Captains can enter in the details for their specific project, and the spreadsheet will automatically populate/adjust based on those specs.



Can we partner with other nearby stores to do a bigger project?

Yes, and it is encouraged!

Does Team Depot fund non-veteran projects?

Yes. To increase the likelihood for funding of your project, keep the asking amount below \$5,000. Our typical non-veteran grant is awarded at the \$2,000 level.

Store-Sponsored Projects

Does participating in a run or walk count as a Team Depot project?

It depends! Some Team Depot projects need associates, but don't require any funding or can be accomplished via a small store markdown. These projects are called "**Store-Sponsored projects,**" but they must meet the following requirements:

- Not funded by Team depot or Foundation
- Involve a minimum of 5 HD associates
- Team Depot captain/store manager approval

Does Not include:

- On-site Kids Workshops and DIY Workshops
- Outright product donations

How do I get credit for my store-sponsored project?

Click on the Store-Sponsored Project button at the top of thd.co/teamdepot and fill out the brief survey.

Applying for a Grant

Does the grant application have to be submitted online?

Yes. We do not accept Team Depot applications by mail, email, or phone. The application link can be found at the top of the Project Funding Request Form.

What documents are required for the application?

- The Project Funding Request Form (Store is responsible for completion)
- Store Quote (Store is responsible for completion)
- IRS Letter (Partner is responsible for completion)
- Certificate of Liability Insurance (Partner is responsible for completion)

Note: Documents must be up-to-date and filled out to their entirety. Expired liability insurance, or any other expired document, will not be accepted.



How long does a grant usually take to process?

It takes about 3-4 weeks for a grant to be reviewed, awarded and paid. If paperwork is missing, the grant application may be declined. If information on the paperwork is incorrect or incomplete, the process will be delayed.

What are the top reasons that grant applications are declined?

- Missing Paperwork
- Missing Information on paperwork
- Expired Liability Insurance
- Project Requires no THD Associate volunteers
- Project Funding Request Form Lacks Details

Engaging Associates

Who pays for the Team Depot t-shirts?

Individual stores use their store budget to pay for t-shirts which can be ordered via www.thdgear.com. Make sure to long-in with your LDAP to reveal associate-only pricing.

How do we pay for lunch for our volunteers?

We encourage Team Depot Captains to ask the nonprofit organization they are working with if they'd like to provide lunch for the volunteers. They may not have even thought about it themselves! Since we're providing a donation of product and the talents of our associates, they might be very willing to contribute to the project or say thank you by providing lunch. We discourage our associates from soliciting donations of food or product from any local businesses. Because we are not a nonprofit organization, the local eatery will be more inclined to donate directly to your community partner. Remember, serving lunch "cafeteria-style" should be less expensive and less wasteful and better for the environment.

If I have additional questions who can I ask?

The SSC Foundation Field team is here to help:

- Northern Division Manager, Courtney Smith courtney_smith@homedepot.com
- Southern Division Manager, Sean Vissar sean_vissar@homedepot.com
- Western Division Manager, Ryan Braddy ryan_braddy@homedepot.com
- Team Depot Specialist, Kristine Cohn (all divisions) Kristine_cohn@homedepot.com
- Team Depot Specialist, Stephanie Burton (all divisions) stephanie_r_burton@homedepot.com
- Team Depot Sr. Manager, Joe Wimberley (all divisions) joe_wimberley@homedepot.com