

Better Together Fund Application

The Better Together Fund was established in 2016. It provides emergency financial hardship relief to the employees (“Associates”) of entities operating as Banfield Pet Hospital®, BluePearl™ and VCA in the event of natural or manmade disasters or domestic violence.

The Better Together Fund does not provide assistance for non-emergency situations or as a result of general financial hardship. It is not intended as a substitute for personal insurance coverage, and therefore, grants will not be made for damage to, or loss of, personal property resulting from burglary or theft, or for losses that would have been prevented through normal repairs or maintenance.

Amended Application – COVID-19

DO I QUALIFY?

- I am a Banfield, BluePearl or VCA associate.
- As a result of impact from COVID- 19, I am in need of **emergency, short-term** financial assistance for one or more of the following:
 - Emergency childcare so I or a spouse/partner can continue working
 - Housing costs (mortgage and/or rent or utilities)
 - Food
 - Other basic necessities such as medications and other household supplies
- I understand I cannot apply for lost wages.
- I have been in communication with my line manager and/or field leadership and have already leveraged existing benefits as appropriate (i.e.: PTO, supplemental paid sick leave, other supplemental leave as outlined in the new associate leave policy related to COVID-19).
- I have not received a grant from the Better Together Fund in the last 12 months.

If you answered “yes” to ALL of the above, you can proceed with the amended application below.

If you answered “no,” to ANY of the questions, unfortunately you do not qualify for a Better Together Fund grant, and we recommend you contact P&O for alternate suggestions.

The grant maximum award is \$1,000 depending on the situation as well as the financial qualification of each applicant. Support is only possible because of the generous donations of fellow Associates—the Better Together Fund Board of Directors and Grant Selection Committee serve as stewards for these funds to ensure the grants awarded meet the criteria and guidelines of the Better Together Fund. Assistance is considered on a case-by-case basis, and requested funding is not guaranteed. Associates can expect to hear from the Grant Selection Committee within 1 week.

OTHER ASSISTANCE. Associates experiencing hardship are also encouraged to consider other avenues of support such as Employee Assistance Program (EAP), as well as any government and/or local community programs (FEMA, Red Cross, etc.).

Please list all other efforts you have put forth to alleviate your financial hardship. Please keep in mind, the Better Together Fund was designed to be a last resort.

Section A: ASSOCIATE APPLICATION

Hospital/Location Name:		City:		State:	
Associate Name:			Business Segment:		
Associate Permanent Address (No P.O. Box):		City:	State:	Zip Code:	
Associate E-mail Address:					
Associate Home Phone:			Associate Cell Phone:		
Associate Temporary Address, if applicable (No P.O.):		City:	State:	Zip Code:	
If application is approved, where should the funds be mailed?		Permanent Address <input type="checkbox"/>	Temporary Address <input type="checkbox"/>	Direct Deposit <input type="checkbox"/>	
Associate Position/Title:			Length of Employment with Banfield, BluePearl or VCA: years months		
Employment Status:	Full Time <input type="checkbox"/>	Part Time 1 <input type="checkbox"/>			
Dependent Information					
Dependent Name:		Age:	Relationship to Associate:		

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Beside eligible dependents, do any other individuals depend on the applicant for financial support?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please briefly describe:				
Associate's Annual Salary: \$		Total Annual Household Income: \$		
Estimated Monthly Household Living Expenses: \$				

Better Together Fund Supplemental Form, Financial

All applicants should complete this form.

Monthly Household Income

Applicant's take-home pay (excluding overtime)	\$	per month
Spouse's / partner's take-home pay	\$	per month
Other household income (from adult children, roommate, etc.)	\$	per month
Self-employment / second job take-home pay	\$	per month
Interest / dividends	\$	per month
Rental income	\$	per month
Retirement / pension / 401(k)	\$	per month
Social Security / SSI	\$	per month
Worker's Compensation / disability	\$	per month
Other	\$	per month
Total Monthly Income	\$	per month

Monthly Expenses

Rent / mortgage	\$	per month
Electricity	\$	per month
Gas	\$	per month
Phone	\$	per month
Water	\$	per month
Food	\$	per month

Car payment(s)	\$	per month
Car insurance	\$	per month
Child care / school tuition	\$	per month
Medical costs that insurance doesn't cover	\$	per month
Loans / credit card payments	\$	per month
Home phone / cell phone	\$	per month
Cable / satellite TV	\$	per month
Tuition, books, fees	\$	per month
Other	\$	per month
Total Monthly Expenses	\$	per month

Liquid Assets/PTO Balance

Total savings/liquid assets	\$
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Additional financial information may be requested for verification of expenses and financial hardship.

Section B: NATURE OF APPLICATION

All applicants should complete Section B. Depending on your situation, you may be asked to complete an additional section and provide more detailed information specific to your situation.

Reason for Application:	<input type="checkbox"/> COVID-19
Provide a brief description of the situation. Include any information that will help in assessing this application:	
Which basic immediate living expenses do you need assistance with?	
<input type="checkbox"/> Housing	<input type="checkbox"/> Other:
<input type="checkbox"/> Childcare	
<input type="checkbox"/> Food	

APPLICANT DECLARATION AND AGREEMENT

Associate Signature and Attestation

I understand that no one is entitled to receive a grant, either virtue of their employment, their history of contributions to the Better Together Fund or because of any precedent inferred from a previous grant from the Better Together Fund. Grants will not be made before an associate has demonstrated a qualifying need.

I understand further that this application will be treated in a confidential manner by the Better Together Fund; however, non-identifying statistical information may be reported to third parties on a periodic basis.

Associates are expected to provide truthful and accurate information. In its due diligence, if the Better Together Fund discovers any information in this application to be materially untrue or fraudulent, I recognize that I may no longer expect this application to be treated confidentially and also recognize that information provided herein may be reported to Banfield Pet Hospital, BluePearl or VCA. Moreover, I authorize the Better Together Fund to notify my employer if I submit false statements, and that my employer may then subject me to disciplinary action, which may include termination.

I understand and authorize that submitting my application to the Better Together Fund will result in this information being available to Banfield Pet Hospital, BluePearl or VCA. In addition, should I qualify for a grant, I also authorize the Better Together Fund access to my payroll direct deposit information with Banfield Pet Hospital, BluePearl or VCA for the purpose of receiving a grant in a timely manner.

My signature below certifies that the information provided is true and complete, authorizes the Better Together Fund to obtain and/or verify all information necessary to process this application, and releases Medical Management International, Inc. and its affiliates, Banfield Pet Hospital, BluePearl or VCA and the Better Together Fund, from any liability associated with this application, its rejection, or its funding.

In addition, I hereby agree to provide any requested documentation supporting the information provided.

Associate Applicant Signature:
Date:

If you do not receive a confirmation email within 48 hours of submission of your application, please email the Better Together Fund at BetterTogetherFund@marsvethealth.com to inquire about the status of your application.