

# IEEF Direct Grant Application

The Itron Employee Emergency Foundation (IEEF) provides direct grants to cover basic living expenses when employees face qualifying hardships, such as natural disasters, serious illness or injury, death, or other uncontrollable events. Each grant can be up to \$10,000 per circumstance, with a five-year cap of \$30,000 unless approved by the board. All U.S. and Canada Itron-paid staff, full or part time, are eligible.

Direct grants can be requested to help pay for essential needs such as housing, utilities, food, clothing, travel-related funeral expenses, health-care travel, medical bills, and necessary home repairs due to unforeseen events. However, these grants do not cover costs like insurance copays or deductibles, car loans, credit card payments, home improvements, or expenses related to chronic illnesses. The IEEF only provides direct grants when an immediate need arises.

For more information about qualifying circumstances and living expenses, either visit <https://www.ieef.net> or talk to an IEEF representative.

## Requirements for submitting a direct grant application

Before the IEEF evaluates an application, the employee must submit the following completed documents:

1. The **Basic information** sheet, including signatures from:
  - The applying employee
  - An IEEF representative (for a list of representatives, see <https://www.ieef.net/about-us>)
  - A Human Resources (HR) representative at the employee's location
2. The **Financial worksheet**.
3. *At least one* of the following circumstance sheets (based on your circumstance) with supporting documentation:
  - **Natural Disaster** sheet
  - **Serious illness or injury** sheet
  - **Death** sheet
  - **Unforeseen circumstances beyond your control** sheet

Submit all available supporting documents, such as past due bills or notices, ensuring you include every page (front and back). Incomplete documentation may delay or result in

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If you have questions, call the IEEF at (509) 891-3016, leave your name and number, and an IEEF representative will return your call as soon as possible. Alternatively, you can email us at [IEEF@itron.com](mailto:IEEF@itron.com).

rejection of your application. Circumstance-specific examples are provided on the relevant sheets. Confirm each document includes both sides.

## Where to submit a completed application

Completed applications can be emailed to [IEEF@itron.com](mailto:IEEF@itron.com) or delivered directly to an IEEF representative.

## What to expect after application submission

IEEF tries to review grant applications within 48 business hours after receipt of the application. Application reviews will be delayed by insufficient or incomplete documentation.

# Basic information

## Section A. Applicant information

Employee name:

Employee ID:

Employee title:

Employee phone number:

Itron location:

Employee address:

Reason for application:  Natural disaster  Serious illness/injury  Death  Unforeseen circumstances beyond control

Brief description:

Date of occurrence:

Requested financial support (\$10k max.): \$

Expected recovery date:

Has the employee applied for an IEEF Direct grant before?

 Yes  No

If yes, is this request related to the previous request?

 Yes  No

## Section B. Summary of circumstances

Indicate the basic living expenses the employee needs help with.

 Housing  Food  Clothing  Utilities Other

How many people are in the employee's household (not including the employee)?

Adults (18 years or older)

Child(ren) (17 years or younger)

Is the employee being evicted or foreclosed?

 Yes  No

Is the employee seeking a grant to move into a new apartment because of a qualifying circumstance?

 Yes  No

Has the employee missed work because of the circumstances?

 Yes  No If so, how much?

Have any of the employee's immediate family missed work because of the circumstances?

*With my signature, I certify the information provided is true and complete and authorizes the Itron Employee Emergency Foundation to obtain and/or verify all information necessary to process this application.*

Employee signature

Employee name (printed)

Date

## Section C. Advocate certification

*I certify the submission of application for an IEEF grant by the employee listed above.*

IEEF representative signature

Name (printed)

Date

HR representative signature

Name (printed)

Date

# Financial worksheet

When submitting your application, please provide relevant supporting documentation, such as notifications of past-due rent, mortgage statements, utility bills, and similar records.

Prior to receiving a grant, applicants must demonstrate their ability to meet ongoing bill obligations.

## Section A. Household members

List the people who live in your immediate household, including yourself.

Name (optional)	Relationship	Age	Do they contribute financially?	
			<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 B. Income

Monthly household income	Net (after taxes) monthly income
Employee's net pay (after taxes, per month)	\$ _____
Spouse's net pay (after taxes, per month)	\$ _____
Contributions from other adults in household	\$ _____
Child support and/or alimony received	\$ _____
Disability insurance received	\$ _____
Social security or pension received	\$ _____
Other income (per month)	\$ _____
Total	\$ _____

**Important:** Don't forget Section C on the next page!

## Financial worksheet (continued)

### Section C. Expenses

Monthly household expenses	Monthly expenses (full amount)
Current or proposed rent/mortgage	\$ _____
Primary utilities (gas, electricity, water/sanitation)	\$ _____
Other utilities (digital services, internet, phone, etc.)	\$ _____
Homeowner fees/property taxes (if applicable)	\$ _____
Car loans	\$ _____
Credit card	\$ _____
Child support and/or alimony paid	\$ _____
Medical bills/co-pays/medicine	\$ _____
Food	\$ _____
Daycare expenses	\$ _____
Transportation costs (gas)	\$ _____
Other	\$ _____
Total	\$ _____

## Natural disaster

The IIEF helps employees who are struggling to pay for housing, utilities, food, clothing, or other basic needs after their main home is damaged by a natural disaster like a fire, flood, tornado, hurricane, or earthquake. However, it does not replace insurance and cannot pay for repairs or rebuilding homes or property unless essential needs (such as water, power, heat, or shelter) are unavailable. The fund also can't help with insurance deductibles or replace items like electronics or living room and dining room furniture that are not considered essential.

When applying, please include copies of any fire, police, or insurance reports if available. If your apartment was damaged or destroyed and you are receiving help from the apartment complex or landlord, be sure to provide documentation of this support with your application.

### Section A. About the circumstance

What type of natural disaster has affected the employee?  Fire  Tornado  Flood  Hurricane  Earthquake  
 Other \_\_\_\_\_

Where does the employee currently live?

What basic or essential things that belonged to the employee were damaged or destroyed?

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If an apartment was damaged or destroyed, what is the apartment complex or the landlord doing to assist the employee?

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Describe in detail the employee's immediate needs (use additional pages if necessary).

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Describe anything else that could help the IIEF assess this application (use additional pages if necessary).

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### Section B. Immediate considerations

Does the employee have insurance?  Yes  No

Can the employee live in his or her primary residence?  Yes  No

Will insurance reimburse the employee for any out-of-pocket expenses for basic living expenses?  Yes  No If so, how much? \_\_\_\_\_

Is the insurance company paying for the employee's immediate needs?  Yes  No If so, how much? \_\_\_\_\_

## Serious illness or injury

The IEEF provides aid to employees unable to afford housing, utilities, food, clothing, or other essentials due to a serious illness or injury affecting them or their immediate family. Support is limited to serious conditions and does not cover chronic issues, insurance deductibles, or replace insurance. Medical costs are reimbursed per Itron's Medical Plan #1. A diagnosis alone does not guarantee a grant; employees must show immediate financial need and inability to pay basic expenses to qualify for Direct Grants.

### Section A. About the circumstance

Who has the injury/illness?

Describe in detail the employee's immediate needs (use additional pages if necessary).

What other financial resources have been exhausted?

Detail anything else that would help the IEEF assess this application (use additional pages if necessary).

### Section B. Immediate considerations

Does the employee have financial responsibility for the affected person?  Yes  No

Can the employee live in his or her primary residence?  Yes  No

Is the affected person covered by medical insurance?  Yes  No If so, how much? \_\_\_\_\_

Is the affected person covered by disability insurance?  Yes  No

Is the affected person receiving disability benefits?  Yes  No If so, how much? \_\_\_\_\_

## Death

The IEEF assists employees who struggle to afford essentials like housing, utilities, food, or clothing due to the death of an employee or an immediate family member. Support may be available if funeral or medical costs, or loss of income, make it difficult to cover basic expenses. Immediate family includes the employee, spouse, children, and dependents. The IEEF can also help with costs to relocate a child to a new family after losing parents but does not fund grave markers. If the employee is deceased, a board member may represent them alongside family members.

### Section A. About the circumstance

What relationship did the deceased person have with the employee?

Describe in detail the employee's immediate needs (use additional pages if necessary).

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Detail anything else that would help the IEEF assess this application (use additional pages if necessary).

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### Section B. Immediate considerations

Did the deceased person have life insurance?  Yes  No If so, who is the beneficiary?

Is there interment insurance (burial or funeral coverage)?  Yes  No

Did the employee have financial responsibility for the person who died?  Yes  No

Are there outstanding medical bills?  Yes  No If so, how much?

Did the deceased person work outside of the home or have other income?  Yes  No

## Unforeseen circumstances beyond your control

The IIEF provides support to employees experiencing difficulties in affording housing, utilities, food, clothing, and other essential living expenses resulting from unforeseen circumstances beyond their control. Eligible situations may include incidents such as serious crimes affecting the employee or their immediate family, domestic abuse, or other unavoidable hardships. The IIEF does not offer assistance for cases arising from credit card debt or temporary loss of income by the employee or a family member. Furthermore, Direct Grants are only available when there is an immediate need.

For employees facing foreclosure or eviction, relevant correspondence should be submitted as documentation. If assistance is required for moving into new accommodation due to qualifying circumstances, a letter from the landlord specifying the amount of the first month's rent must be provided.

### Section A. About the circumstance

Describe in detail the employee's immediate needs (use additional pages if necessary).

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Detail anything else that would help the IIEF assess this application (use additional pages if necessary).

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### Section B. Immediate considerations

Is there insurance that would help in this situation?

Yes  No