

**NOTRE DAME MONOGRAM
CLUB CATASTROPHIC
RELIEF/MIKE HEATON FUND GUIDELINES
AND PROCEDURES**

In keeping with the tradition of the Notre Dame Monogram Club to support the primary goal of the University, which is the spiritual, intellectual and physical development of its students and alumni, the Club has established a relief fund to assist monogram members (and their immediate family) faced with catastrophic problems of financial hardship. Medical situations are to receive the highest consideration. Absent extraordinary circumstances, the maximum grant amount is \$15,000. The award of any grant through the Catastrophic Relief Fund is not an acknowledgment or representation that the applicant's financial hardship is related in any way to the applicant's participation in any sports programs of the University.

Need grant applications are considered only on a case-by-case basis by the Monogram Club approved Third Party Administrator, with reference to the following eligibility guidelines:

A. ELIGIBILITY GUIDELINES

- Applicant has to be a Monogram winner or, in the event of a Monogram winner's incapacity, his/her immediate family member or legal representative.
- Applicant's adjusted gross income during each of the last two years will be considered to determine financial need.
- Examples of urgent and dire needs include, but are not limited to, food, clothing, shelter, healthcare, other life necessities, repayment of vendors/providers caused by unavoidable unfortunate life experiences.
- First-time applicants will be preferred to repeat applicants. Direct payment to vendors/providers is preferred to direct payment to applicants.
- Applicants who have received two dire need grants in the past will not be eligible for further grants absent extraordinary circumstances.
- In extraordinary circumstances, the Catastrophic Relief Fund will consider working with a broader University effort to address catastrophic incidents such as the Haitian earthquake of 2010.

B. GRANT APPLICATION PROCESS-INFORMATION AND DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

The following information should accompany the request for consideration.

- Name, address and phone number.

- Employer's name, address and telephone number (if employed).
- Current job and description of other job(s) held during the past three years.
- Date of monogram award(s) and sport(s)
- Description of dire need, amount requested, and when funds would be needed.
- Identity of individual vendor/provider to which grant funds would be paid.
- Signed authorization for release of records and information from third parties (attachment to application form), and any additional authorizations required by healthcare providers for the release of medical records and treatment information if grant funds are for healthcare needs.
- Tax returns for self and spouse for past two years (with Social Security Numbers redacted).
- Net worth statement (list of assets/property and liabilities/debts).
- Copies of additional documents that may be relevant or helpful, such as past due bills and invoices, doctor's letters, medical records, bank statements, foreclosure notice, eviction notice, etc.
- Forms attached are suggested for use but may be modified or supplemented by the TPA with approval of Executive Committee.

NOTE: Where time is of the essence, the grant application process may be shortened as deemed appropriate by the [Insert name of Third Party Administrator].

SEND APPLICATION TO:

Indiana Trust & Investment Management Co.

C/O: David R. Kibbe, J.D.

4045 Edison Lakes Parkway, Suite 100

Mishawaka, IN 46545

NOTRE DAME MONOGRAM CLUB — CATASTROPHIC RELIEF/MIKE HEATON

FUND APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

Name of Applicant _____ Date _____

Mailing Address _____
(street, city, state, zip code)

Telephone (home) _____ (work) _____

Date of Birth _____ Spouse's Name _____

How did you hear about the Catastrophic Relief Fund: _____

I. Eligibility Information

a. Date of monogram award(s) and sports:

b. Description of Dire Need:

c. Amount needed: _____

NDMC — CATASTROPHIC RELIEF/MIKE HEATON FUND

(PLEASE TYPE OR PRINT LEGIBLY)

Name of Applicant _____ Date _____

II. Employment

Applicant's Current Job _____ Salary/Month _____

Company/Address _____

Supervisor's Name _____ Phone _____

Dates of Employment _____

Spouse's Current Job _____ Salary/Month _____

Company/Address _____

Supervisor's Name _____ Phone _____

Dates of Employment _____

Describe the service or goods to be purchased or the debt to be discharged, and tell us how to contact the vendor/provider who would be receiving the money, including the complete address and phone number for the vendor/provider (mandatory). ***Please include a copy of the most recent statement with the exact amount for which you are requesting payment.***

Payee _____ Amount \$ _____
(name of company – account number)

(complete address and phone number) Phone _____

Payee _____ Amount \$ _____
(name of company – account number)

(complete address and phone number) Phone _____

Payee _____ Amount \$ _____
(name of company – account number)

NDMC – CATASTROPHIC RELIEF/MIKE HEATON FUND

(PLEASE TYPE OR PRINT LEGIBLY)

Name of Applicant _____ Date _____

III. Financial

List all sources of income you are currently receiving (other than as listed in Section II above), including pensions, social security payments, disability, etc., and the amount you receive per month. Include any other charitable gifts or grants you have received in the past three years and/or the amount of other grants/gifts for which you are applying.

The following information must be provided with your application:

_____ Signed federal tax returns for applicant and spouse for past two years (with Social Security Numbers redacted) (mandatory to process request).

_____ Net worth statement (list of assets, including property/value and liabilities/debts).

_____ Bank statements within last six months.

_____ Signed authorization (attached) for release of records and information from third parties.

_____ Any other documents you believe would be helpful in evaluating your application, such as verification of income, past due bills, medical evaluation from your doctor, medical records, legal notices, etc. (Medical records are required if you are seeking assistance for a medical condition).

**FAILURE TO PROVIDE NECESSARY INFORMATION WILL
RESULT IN DELAY/DENIAL OF APPLICATION**

I certify that the information provided for this application is true and correct. I also

acknowledge that consideration of this application or the award of any grant through the Catastrophic Relief Fund is not an acknowledgment or representation that the applicant's financial hardship is related in any way to the applicant's participation in any sports programs of the University. I further acknowledge that the grant recipient is solely responsible for the payment of any federal, state, or local taxes related to any grant funding received through the Catastrophic Relief Fund.

(Signature)

(Date)

AUTHORIZATION AND CONSENT TO RELEASE RECORDS

I/we hereby authorize the [Third Party Administrator (“TPA”)]to investigate all pertinent information in connection with this application for a grant from the Catastrophic Relief Fund. As part of TPA's investigation, I/we authorize TPA to obtain and review any and all private and confidential information and records deemed relevant to this application, including, but not limited to, tax returns, medical records, doctor evaluations, legal notices, records maintained by credit and consumer reporting agencies, financial institutions (including banks), employers, law enforcement and other government agencies, and the criminal and civil justice systems. I/we agree to promptly sign any specific release of information forms or other authorizations provided by third parties, including healthcare providers, as required for the release of information or records by such parties. I/we understand and agree that all such information and records may be reviewed by the TPA and the Notre Dame Monogram Club to investigate eligibility for grant funding, award grants, administer grants, or conduct any appeal procedures related to denials of grant funding. I/we further acknowledge and agree that, while the TPA and the Notre Dame Monogram Club will use reasonable business efforts to treat all such information and records as confidential, any medical records or health information received by the TPA and/or the Notre Dame Monogram Club are not protected by or subject to federal or state privacy laws regarding the access, use and release of medical records/protected health information.

I/we therefore authorize the release of the above-listed information and records upon TPA's request. I/we hereby agree to hold harmless any entity that provides such information, as well as the TPA, University of Notre Dame, its trustees, officers, and employees, the Notre Dame Monogram Club, its officers, employees and members, and those designated by TPA to review such information (collectively “indemnitees”), from any and all liability under federal, state or local laws (collectively referred to as "Claims") pertaining to the access, use, and release of such information, including indemnifying the Indemnities from any and all costs (including reasonable attorney fees) for defending any Claims.

I/we have read this authorization carefully, understand it, voluntarily sign it, and agree to all of its terms and conditions.

Date

Signature/Print Name

Signature/Print Name (Spouse)

Phone

Address
