

## Helping Our Own Application

Nominations will be accepted on a quarterly basis due as follows: **March 1, June 1, September 1 and December 1 each year.**

Applications must be submitted by Alliance members; applications cannot come directly from potential recipients.

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail

Please answer questions 1-11 below and answer questions 12-18 on a separate piece of paper, being as detailed as needed. Additional attachments other than those requested are not necessary unless essential to the understanding of applicant's situation. Photos and/or videotapes are encouraged.

(Note: By submitting photographs and/or videotapes, you are giving the Alliance consent to reproduce or reuse the materials for promotional and publicity purposes.)

- 1) Is applicant a member of the roofing industry (a worker or family member from a roofing-related business including contractors, suppliers and manufacturers)?  Yes  No
- 2) Does application represent a bona fide need?  Yes  No
- 3) Will an Alliance contribution make an impact?  Yes  No
- 4) Was the event or incident the result of illegal activity on the part of the nominee?  Yes  No
- 5) Is there a pending insurance payment, settlement or litigation?  Yes  No
- 6) Did the need arise from a work-related or insured injury?  Yes  No
- 7) Was a visit made to the nominee?  Yes  No
- 8) Was an interview conducted with the nominee?  Yes  No
- 9) Was a discussion held with other parties related to the situation, including but not limited to doctors, witnesses, employer, friends and family members?  Yes  No
- 10) Was an investigation done to determine income and insurance levels?  Yes  No
- 11) Do you envision an opportunity for partnership here?  Yes  No  
If yes, see 18.
- 12) What is applicant's relationship to or job in the roofing industry?
- 13) Please list assistance received by other funding sources (name source and type of assistance including government, insurance, other agencies and family members).
- 14) Please list assistance requested from the Alliance.

15) Reason for the request—please provide the details of what the current need is and why? What is being done now to meet the current need? What is the Alliance being asked to do? A detailed explanation must be provided. Please attach any bills, notices, invoices and other documentation of your need. (Examples of situations considered by the Alliance include: destruction of home or belongings not covered by insurance; assistance with the purchase of medical apparatus such as wheelchairs, hearing aids, etc., and loss of income due to illness or injury. Personal loans are not fundable.)

16) Please list other inquiries deemed relevant by the committee.

17) Please provide relevant details about the applicant and any other circumstances that might assist the Alliance in making its decision. Please ensure all relevant information has been completed and any bills, notices and invoices are attached.

18) The Alliance is not averse to partnering with other funding entities. Is there a possibility of contributions to this applicant from other sources? If so, which ones?

Applicant certifies that the statements made in this application are true and the request made herein represents a bona fide need. Applicant consents to a verification process, which may include but not be limited to background and credit checks.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Nominator's Comments (This section must be completed by the nominator for the nomination to be considered.)

\_\_\_\_\_  
Nominator name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail

19) Is the nominator a co-worker or employer of the applicant?

Co-worker  Employer  Other

If other, please indicate \_\_\_\_\_

\_\_\_\_\_  
Nominator signature

\_\_\_\_\_  
Date

Originals must

be sent to: Attention: Helping Our Own Program, Bennett Judson  
The Roofing Industry Alliance for Progress  
10255 W. Higgins Road, Suite 600  
Rosemont, IL 60018-5607  
(800) 323-9545

**Nominations will be accepted on a quarterly basis due as follows:  
March 1, June 1, September 1 and December 1 each year.**



## Helping Our Own Program

Life-altering circumstances can affect anyone at any time—a family can be devastated by a severe accident, illness or loss of the breadwinner. A family's tragedy can become unmanageable or simply unbearable if the family has nowhere to turn.

Originally founded to fund technical, educational and safety-related studies to advance the roofing industry, The Roofing Industry Alliance for Progress has expanded its funding initiatives to *help our own*, which includes reaching out to the roofing community and its members and helping fund efforts dedicated to good works and charitable giving. The funding mission expansion will serve to balance the programs supported by the Alliance to enable us to affect more lives in the roofing industry.

Through a nomination process, the Alliance can recognize and identify the challenges associated with these life-changing events and help create sustainable solutions for individuals or families in need.

Although the Alliance may not be able to solve all the problems rendered during a time of crisis, collectively, we can make a real difference in the lives of families who may fall victim to tragedy through our

*Helping Our Own Program.*

## The Helping Our Own Program

The first initiative under the Alliance's charitable giving program is called the Helping Our Own Program. Its goal is to provide assistance to people in the roofing industry who have been burdened with a life-altering event, such as an injury, illness, disaster or death. The following nomination guidelines and application are designed to solicit these stories for the review and consideration of the Alliance's Balanced Program Committee, which is charged with recommending projects for funding and overseeing funds distribution.

### The Nomination Process

Only Alliance members may submit nominations using the enclosed application. Applications can also be found on the Alliance Web site ([www.roofingindustryalliance.net](http://www.roofingindustryalliance.net)). They may be mailed to the attention of Helping Our Own Program, The Roofing Industry Alliance for Progress, 10255 W. Higgins Road, Suite 600, Rosemont, IL 60018-5607. (Given the limited resources of this program, there is no guarantee of funding even if applicants meet the program criteria. Nominators are discouraged from giving applicants any gauge or estimate of their likelihood of receiving funds. Nominators may only submit two nominations per year.)

**Nomination deadlines.** Nominations will be accepted on a quarterly basis due as follows: March 1, June 1, September 1 and December 1 each year. These deadlines will enable committee members to review applications before regular meeting dates usually scheduled in April, July, October and February each year.

## Eligibility

Funds can be disbursed to a wide range of recipients. Primary eligibility is determined by the applicant's relationship to the roofing industry. Roofing industry workers and their immediate families will receive primary consideration.

(Roofing industry worker may be defined as an employee of a roofing contractor, roofing materials manufacturer, supplier or distributor. Note: Alliance board members and the principals of Alliance member companies are not eligible for this program; however, their employees are eligible.)

### Funding Limits

No limit has been set for individual applicant funding. The Alliance understands life-altering events may require substantial assistance, and, to better serve its mission, the Alliance's Balanced Program Committee desires to grant several disbursements each year when possible. (\$100,000 was allocated for funding at the April, 2007 Alliance meeting.)

### Types of Projects Anticipated

The Alliance will avoid giving cash disbursements when possible. Examples of the types of assistance the Alliance anticipates providing include:

- Bill Payment Assistance—mortgage payment assistance, medical bills for uninsured nominees, utility bills, other accumulated debts the applicant is having trouble paying
- Renovations or Reconstruction—disaster relief, disability accommodation, roof system installation
- Supply of Materials and Payment of Labor
- Supply of Equipment—medical, household
- Supply of Services—in-home medical, therapeutic

### Distribution of Funds

Nominees selected for funding will be contacted directly. If this is not feasible or possible, nominators should designate an alternative contact person. Nominators will be advised of the distribution of the funds made to those they nominated. As a condition of accepting funding, nominees must agree to a level of public relations activities that is appropriate to the situation. Nominees also must give consent to a verification process that may include but not be limited to background and credit checks.

## Guidelines for Nominators

Screening will occur on two levels: one in the field, which is to be done by the nominator, and the other by the Alliance's Balanced Program Committee. The committee reserves the right to choose the projects it sees fit based on the understanding of committee members of the goals and mission of the Balance Program Committee. Therefore, nominators are discouraged from giving applicants hopes for funding that may not happen.

Nominators are to complete the initial field-level screening based on the recommended guidelines for assessing a fit with the mission of the Balance Program's initiative. Desirable nominees should have a bona fide need that is otherwise uninsured, underinsured or unfunded that is not the result of illegal activity and where a significant loss has been experienced.

### Field-level Screening Guidelines

- Is the applicant a member of the roofing industry (a worker or family member from a roofing-related business, including contractors, suppliers and manufacturers)?
- Does application represent a bona fide need?
- Will an Alliance contribution make an impact?
- Was the event or incident the result of illegal activity on the part of the nominee?
- Is there a pending insurance payment, settlement or litigation?
- Did the need arise from a work-related or insured injury?

### Verification Process

Nominators are to perform due diligence to the extent possible given the context of the applicant's need. These activities shall include:

- A visit to the nominee
- An interview with the nominee
- Discussion with other parties related to the situation, including but not limited to doctors, witnesses, employer, friends and family members
- Investigation as to income and insurance levels
- Other inquiries deemed relevant by the committee