

## **CALIFORNIA TRANSPORTATION FOUNDATION**

### **INJURED AND FALLEN WORKER and EMERGENCY RELIEF (IF&ER) PROGRAMS POLICY**

The California Transportation Foundation's (CTF) Injured and Fallen Worker and Emergency Relief (IF&ER) Fund program was established to help California transportation industry employees (private or public sector) and their families who are in need of financial assistance because of death, injury and natural disaster. The program was established to aid employees during crucial times when quickly available funding is critical to meet the sudden costs of emergencies.

The program consists of three elements:

1. Fallen Worker Grant, up to \$2,500
2. Temporary Injured and Fallen Matching Fund, wherein CTF provides matching donations up to \$7,500
3. Emergency Relief Grant, up to \$2000

#### **1. Fallen Worker Grant**

When a transportation industry employee dies accidentally in the line of duty, she/he may be eligible for a Fallen Worker grant. These grants may be used to defray immediate expenses, up to \$2,500, not covered by ordinary death benefits. Examples include, but are not limited to, direct funeral expenses, memorial ribbons for funeral attendees, flowers and/or refreshments at the funeral, travel costs to bring loved ones to the survivors' side. Fallen Worker grants are made entirely from CTF's permanent Injured and Fallen Fund. No matching contributions are required. The Fallen Worker Grant Request Form, attached, shall be completed, and submitted by the employee's supervisor.

#### **2. Temporary Injured and Fallen Worker Matching Fund Accounts**

If the injury or death occurs to a transportation industry employee while on the job, CTF may establish and administer a Temporary Injured and Fallen Worker Matching Fund. This fund allows colleagues to make donations to the survivor. CTF will match those donations dollar for dollar up to \$7,500, not including funds from a possible Fallen Worker grant. Several specific conditions apply to this Fund:

- If the injury or death occurs to a transportation industry employee while not on the job, then CTF will administer the Temporary I&F Matching Fund but NOT make a matching contribution. Note that if the injury or death is not directly to the employee, CTF will not participate in any way.
- CTF will not match donations received from the person, trust or entity who is the beneficiary or receiver/trustee of person who passed away.

- When donations to these funds are made via credit card the donor must cover the credit card fees.
- The intent is that these grants are for current transportation employees or very recently retired employees. CTF has discretion about establishing accounts for very recently retired employees.
- CTF will determine when the account will be closed.

The establishment and maintenance of Temporary I&F Matching Fund accounts by CTF furthers CTF's tax-exempt purpose of providing support to persons within transportation related fields. All amounts received into a temporary I&F Matching Fund accounts are held by CTF on behalf of the intended beneficiary and are not owned by CTF. CTF provides an accounting of contributions to each temporary I&F Matching Fund account to the designated contact person. Amounts contributed to a Temporary I&F Matching Fund are not tax-deductible. The Injured and Fallen Worker Fund Account Request Form, attached, shall be completed, and submitted by the employee's supervisor.

### **3. Emergency Relief Grant**

The California Transportation Foundation's Emergency Relief program serves as a direct grant to transportation employees (public or private sector) who lost their primary residence due to disaster. The goal of the program is to provide quickly available funds to help California transportation industry employees and their families who lost their homes to flood, fire, earthquake or other natural disaster. CTF may provide Grants up to \$2,000. A proclamation of disaster by a local, regional, state or federal government entity must be in place to qualify for the grant.

CTF will budget \$20,000 annually for this program, all funds to be pulled from the Injured and Fallen Worker Fund and make funds available up to \$10,000 per event. CTF can encourage matching funds to the CTF grant. This program furthers CTF's tax-exempt purpose of providing support to persons within transportation related fields. The Emergency Relief Grant Request Form, attached, shall be completed, and submitted by the employee's supervisor.

Adopted by the California Transportation Foundation Board on February 25, 2021



# Temporary Injured and Fallen Worker (I&F) Matching Fund Request Form

Email the Completed Request to [marnie@the-ctf.org](mailto:marnie@the-ctf.org)

**Injured or Fallen Worker Name:** \_\_\_\_\_

**Fund Purpose:** A brief description of the purpose of, need for and transportation industry relevance of the requested fund. \_\_\_\_\_

Explain how it is a work-related injury or death, briefly describe what happened.

## Designated Contact Person's Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## Checks from this Fund Should Be Made Payable to

Name: \_\_\_\_\_

Mailing Address to Send Checks: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## Requestor's (Work Supervisor's) Information

Requestor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Photos:** May CTF use a provided photo of the injured or fallen worker in our printed materials and announcements to help raise funds for the Injured & Fallen Worker Fund? (check box) Yes  No

## Please Read and Sign Disclosure Statement:

I understand that any amounts received by CTF and designated for the requested fund are held by CTF exclusively as an agent of the fund beneficiary(ies), that CTF retains no discretion over the use of such funds and that amounts received by the fund do not constitute tax deductible contributions to CTF. I will include the statement that amounts received by the fund are not charitable contributions in all written and oral statements relating to the fund. In the case of a disaster assistance fund I understand that contributions may be tax deductible to the extent permitted by law and that CTF will exercise discretion over the distribution of the funds received.

Requestor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*If Caltrans related, requires Division Chief or Deputy District Director. In the case of other organizations, an equal level manager must authorize and sign.

### CALIFORNIA TRANSPORTATION FOUNDATION

9500 Kiefer Blvd., PO Box 276828 Sacramento, CA 95827-6828 (916) 489-1629

[www.transportationfoundation.org](http://www.transportationfoundation.org)



# Fallen Worker Grant Request Form

Email the Completed Request to [marnie@the-ctf.org](mailto:marnie@the-ctf.org)

## Fallen Worker Grant Purpose:

When a transportation industry employee dies accidentally in the line of duty she/he may also be eligible for a Fallen Worker Grant. These grants may be used to defray immediate expenses, up to \$2,500, not covered by employer death benefits. Examples include, but are not limited to, memorial ribbons for funeral attendees, flowers and/or refreshments at the funeral, and travel costs to bring loved ones to the survivor's side.

Fallen Worker's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Fallen Worker Grant Request: A brief description of what this grant will be used for.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employer's Contact Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Requestor's Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Check Should Be Made Payable to:

Name: \_\_\_\_\_

Mailing Address to Send Check: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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# CTF Emergency Relief Request Form

Email the Completed Request to [marnie@the-ctf.org](mailto:marnie@the-ctf.org)

This program requires that there has there been a proclamation of natural disaster by a local, regional, state or federal government entity covering the area of the employee(s) lost home(s). This Fund can assist people who have lost their homes (rent or own) to emergency.

Fund Name: \_\_\_\_\_

Describe Emergency:

\_\_\_\_\_  
\_\_\_\_\_

## Designated Contact Person's Information

Name: \_\_\_\_\_ District/Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Photos:** May CTF use a provided photo of the affected worker in our printed materials and announcements to help raise funds for the Emergency Relief Fund? (check box) Yes  No

## Check Payable Information

### Recipient

Name: \_\_\_\_\_

District or Agency: \_\_\_\_\_

Mailing Address to Send Checks: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Recipient

Name: \_\_\_\_\_

District or Agency: \_\_\_\_\_

Mailing Address to Send Checks: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Recipient

Name: \_\_\_\_\_

District or Agency: \_\_\_\_\_

Mailing Address to Send Checks: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_