WBC JOSE SULAIMAN BOXERS FUND

GRANT GUIDELINES

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**NOTE:**

* **THE JOSE SULAIMAN BOXERS FUND IS NOT A PENSION FUND**
* **APPLICATIONS CAN BE SUBMITTED AND WILL BE CONSIDERED ON A ROLLING, YEAROUND BASIS**
* **FAILURE TO PROVIDE SUPPORTING DOCUMENTATION FOR HARDSHIPS LISTED, MAY COMPROMISE SELECTION COMMITTEE’S DECISION**
* **ANY DEBTS CAUSED BY FINANCIAL MISMANAGEMENT, AND CHILD OR SPOUSAL SUPPORT OR FINES DO NOT QUALIFY**

**WBC JOSE SULAIMAN BOXERS FUND**

**Financial and Medical Hardship**

**Grant Guidelines**

The WBC Jose Sulaiman Boxers Fund Grant Guidelines are generally designed to: (1) provide a general overview of the WBC Jose Sulaiman Boxers Fund program; and (2) outline how the program should be administered. These guidelines are not all inclusive or all encompassing, and are not intended to have all of the answers for every situation.

Nevada Community Foundation (“NCF”) staff is available to provide further guidance for unanticipated or unique situations applicants may encounter that have not been clearly addressed in these guidelines.

# **Overview**

* The WBC Jose Sulaiman Boxers Fund (the “Fund”) provides grants to retired, former boxers experiencing financial and medical hardships grants. Grants include funds allocated for housing, basic living expenses, costs of medical insurance and payment of medical costs not covered by insurance.
* Applicants may receive a maximum of $10,000.00 in assistance in a 12-month period (rolling year). The applicant’s rolling year begins the day of approval or denial of first assistance from the Fund, and not on the day the $10,000.00 cap is reached. The applicant’s rolling year ends one year from the date that the applicant first receives assistance.
* NCF, an independent nonprofit organization, administers the Fund and coordinates payments for eligible expenses. NCF will review all requests for assistance to ensure they are in compliance with IRS guidelines for nonprofit organizations and meet the guidelines of the Fund.
* The NCF shall endeavor to make payments for eligible assistance requests directly to the vendor or company to whom the money is owed. Direct payments to credit cards are prohibited. Payments are never made directly to the applicants.

# **Eligible Applicants**

* Eligible applicants include all former titleholders of any World Boxing Council world, regional, national or minor belt; non-title holder boxers who have made significant strides and contributions toward the glory of the sport, as determined by the Fund Selection Committee (the “Committee”); formerly licensed professional boxing officials; and formerly licensed professional boxing trainers.
* A 12-month rolling period applies to all approved applicants. On a case-by-case basis, an applicant may reapply within the 12-month rolling period. These applications must be approved by the Committee. If approved, a maximum of $1,000 in assistance will be provided and in no event will the total amount of assistance provided exceed the $10,000.00 cap.
* To be eligible to reapply the applicant must demonstrate a **different hardship** from their previous application, a material change in the nature and extent of the hardship, or demonstrate a significant **change in financial situation** compared to their previous application.
* Assistance shall be tailored to applicants' needs based on the cost and standard of living of their place of residence.
* Boxers that have suffered a career ending injury may be eligible for an immediate grant, up to $2,500, and can additionally apply for the annual grant.
* Applicants who were denied assistance due to an established lack of need, may reapply within a 12-month rolling period if the hardship is separate and unrelated to the first application; otherwise, the 12-month rolling period limitation applies.
* If the applicant is unable to apply for assistance themselves due to a disability, a member of their immediate family may apply for Fund assistance on their behalf. If the applicant is unmarried and has no children, special approval for a person outside of the applicant’s immediate family to apply for assistance on the applicant’s behalf may be requested through NCF.
* Eligible applicants shall also include the immediate family of a former boxer or official who passes away within 30-days of the date of submittal of the application. In those cases, the grant application must include a showing of need for assistance to cover the deceased boxer´s medical-related invoices and/or funeral expenses.

# **Qualifying Events/Hardship**

* Applicants who are experiencing extreme financial hardship may apply for assistance through the Fund. Applicants MUST demonstrate financial need to the Committee’s satisfaction.
* Examples of Qualifying Events/Hardship:

|  |
| --- |
| Disabled, cannot work |
| Infirmed, cannot work |
| Unemployed, cannot find work |
| Insufficient income |
| Unemployment benefits not enough |
| Abandoned by spouse/children/family |
| Lives with family, burden on family |
| Undergoing foreclosure, nearing homelessness |
| Homeless |
| Government fraud |
| Death of a Boxer |

* *NOTE: Personal Debt and Financial Mismanagement do not qualify.*
* Assistance can only be awarded for ongoing obligations such as mortgage or rent payments, and for bills/debts incurred after the applicants qualifying event. Any bills/debt incurred before the event cannot be covered by the Fund.

# **Types of Assistance**

### **Eligible Requests**:

Applicants may receive assistance for the following:

* + Rent or mortgage payments that are in arrears and have initiated an eviction notice. A signed lease, the eviction notice and an IRS Form W-9 (or equivalent documentation from the applicant’s resident country) from the leasing company must accompany the application. Ten days’ worth of late fees will be included to the request for assistance to allow time for the rental/mortgage company to receive payment.
	+ Utility payments, showing a delinquent balance. For example: water, gas, electricity, and waste disposal. Ten days’ worth of late fees will be included in the request for assistance to allow time for the rental/mortgage company to receive payment.
	+ Medical insurance costs.

Additional Examples of Qualifying Types of Assistance:

|  |
| --- |
| Mortgage or rent assistance |
| Utilities |
| Medical bills |
| Medical co-pays |
| Prescription medication cost |
| Medical & Dental Assessments |
| Dental health |
| Car Repairs  |
| Caretakers |
| Service dog, companion |
| Other (explain): |

*NOTE: Any form of court orders, resulting in garnishment of wages, does not qualify.*

### **Ineligible Requests**:

The list of ineligible requests includes, but is not limited to:

* + Payments for rent/mortgage or utilities for apartments or homes where the applicant is not a primary resident
	+ Payments for rent when the applicant has not signed a lease agreement
	+ Insurance – Car, homeowners or rental insurance payments
	+ Transportation allowance
	+ Property taxes
	+ Personal loan/debt
	+ Cash payments of any kind
	+ Telephone, cable, mobile or internet bills
	+ Credit card bills

# **Application Process**

* To apply for Fund assistance, applicants must request an application packet from NCF or download the forms from the links the WBC or NCF provide.
* Once the applicant submits the completed application packet, NCF staff will review the application and verify that the information and supporting documentation is sufficient or if more information is needed to qualify the request.
* Once the applicant submits the completed application packet and all required supporting documentation, the applicant may be scheduled for an interview with NCF staff.
* During the interview, the interviewer will discuss the qualifying event to learn more about the applicant’s situation and fill in any missing information. Additional supporting documentation may be requested.
* The completed packet, including the application and supporting documentation, will be submitted to the Committee.
* Upon approval or denial, NCF will notify the applicant. If approved, NCF will contact the applicant and vendor informing them that payment will be processed and mailed within 7-10 business days for applicants living in the continental United States. For applicants residing outside of the continental United States, all efforts will be made to ensure mailing of payments in timely fashion NCF will provide a check number for each payment made.
* If the request does not meet the eligible criteria for Fund assistance, NCF will notify the applicant of the reason for the denial.

**Request Amount and Currency**

* As noted above, no application will exceed $10,000 in U.S. Dollar value, as defined at the time when the application is submitted.
* For international applicants in countries with currencies other than U.S. Dollars, the applicant must share the official currency that is used in that country.
* International applicants must also provide the USD value of their request, as calculated or estimated at the time of when the application is submitted.

# **Supporting Documentation**

Applicants ***must*** provide documentation with their completed Fund application to have their requests reviewed. Failure to provide supporting documentation may result in the denial of a request. Applicants are responsible for submitting copies of supporting documentation and blacking out all Social Security Numbers and bank account numbers on documents.

Examples of supporting documentation should include, but are not limited to, the following:

* Any and all evidence of the applicant’s financial status including but not limited to copies of the applicant’s two most recent paycheck stubs or any consideration received for services rendered
* Proof of income for spouse or domestic partner, if applicable
* Any other evidence of the applicant’s financial status

Other examples of supporting documentation may include, but are not limited to:

* Mortgage/Rental Assistance
	+ Copy of rental/lease agreement or copy of mortgage coupon/statement bearing the applicant’s name
	+ Letter or statement from landlord or mortgage company indicating amount past due
* Utility Assistance
	+ Copy of rental/lease agreement or copy of mortgage coupon/statement bearing the applicant’s name
	+ Copies of utility bill delinquent and/or disconnection notice or a statement from the utility company
* Documentation of Medical Illness
* Letter from physician explaining medical issue
* Proof of medical leave of absence
* Documentation must indicate the leave date and when the applicant may return to work. Return-to-work extensions must be documented by the physician.
* Medical bill’s in applicant’s name
* Explanation of benefits issued by insurance company
* Copy of medical insurance bill

Supporting documentations including medical letters and certifications must be translated into English.

# **Payment Process**

* The completed application, copies of supporting documentation, and the Payment Information Sheet should be faxed or e-mailed to Jane Ramos at Nevada Community Foundation: jane.ramos@nevadacf.org or (702) 892-8580. All questions regarding the administration of the fund may be addressed to Jane Ramos at (702) 892-2326.
* All supporting documentation should be forwarded to NCF with the Fund application. If NCF does not receive all of the supporting documentation, they will assume that it does not exist and will move forward on reviewing the request for assistance based on the application and the Payment Information Sheet.
* NCF will evaluate the application to ensure the request is in compliance with IRS guidelines for nonprofit agencies and the guidelines of the Fund.
* NCF will make the requested payments to the vendors with a check or a credit card. Funds will be distributed to the vendors directly. No payments of any kind will be made directly to the applicant.
* After the method of payment has been determined, NCF will notify the applicant, informing them that the payment has been approved and how the payment will be delivered.
* All payments are issued by check or credit card directly to the vendor.

# Tracking

* NCF is responsible for developing a method to track Fund requests, the case outcomes, and the amount of money that was awarded to each applicant. Tracking sheets must include:
	+ The date of the requests
	+ Applicant’s name
	+ Applicant ID Number
	+ Reason for applying
	+ Approval or denial
	+ List of vendors who received payments and payment amounts
* Tracking sheets should be used to make sure no applicant receives Fund assistance over the $10,000.00 cap.

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