

Church Workers — Help is continuing

Another block of COVID-19 Emergency Grant funds are now available. Applications will be accepted through Nov. 30.



If you have already received financial assistance through BBT's COVID-19 Emergency Grant and need additional assistance, you must reapply for the second round of funding. Please use the application on page 2.

Objective:

To provide streamlined, highly responsive assistance to employees of Church of the Brethren congregations, districts, or camps who experience adverse financial impact from the COVID-19 pandemic.

Effective dates:

Aug. 1, 2020 through Nov. 30, 2020

Who is eligible?

The fund is available to active employees of a church, district, or camp, who have been employed for at least 5 years. Applicants with less than 5 years tenure will require review as an exception.

How to apply:

1. Applicants are asked to complete a streamlined CWAP application and provide a narrative describing the nature and amount of their need.
2. Each application requires the affirmation of the appropriate District Executive. BBT staff will reach out to that District Executive for any application that does not include their affirmation.
3. BBT staff will review each application for need and determine if it falls within the COVID-19 Emergency Relief Grant-2 underwriting guidelines. If so, payment will be issued as quickly as administratively possible.
4. If an applicant does not qualify under the streamlined emergency guidelines, they may be referred to BBT's standard CWAP application process.

Direct inquiries:

Debbie Butcher (847) 622-3391 • pension@cobbt.org



COVID-19 Emergency Relief-2



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Church Workers' Assistance Plan Application Form

Effective: 08-01-2020

RETURN COMPLETED FORM TO THE ABOVE ADDRESS OR EMAIL TO PENSION@COBBT.ORG

Name: _____ Gender: M F

SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Marital Status

Single Married _____ Spouse Died _____
Name of Spouse Date

Number of people in household _____ District Name: _____

Present Living Situation

Own Rent Live with extended family Parsonage Assisted living facility

Church Name: _____

Please indicate your current employment status. Currently Employed Other _____

Current Employer Name _____ Hire date _____

Current Employer Address _____

How many years have you worked for a Church of the Brethren employer in total? _____

In a few words please describe the reason for your need and the amount requested. (Attach an additional page if necessary.)

Please note: For this emergency grant, a recommendation is required by your District Executive. Depending on the circumstances of your application, we may ask for documentation of your need.

By your signature you are attesting that the information provided in this application is complete and accurate and that no other financial assistance is available to you. Failure to provide complete and accurate information may delay processing of your application.

Signature of Applicant

Date Signed

Signature of Preparer / Relationship to Applicant

Phone Number of Preparer