

McLaren Oakland
COVID ASSISTANCE FUND

Employee Name: _____ **Date:** _____

Department: _____

Telephone Number: _____

Explanation of Emergency Situation and the relationship to COVID virus (lost wages, rent difficulties,etc):

By signing my name below:

- I certify that I have read the Oakland COVID Fund Guidelines.
- I understand and acknowledge that the submission of a request does not guarantee a monetary gift.
- I acknowledge that I may be asked to provide supplemental documentation in the event I am selected as a recipient of the Oakland Fund, and that it would be my responsibility to obtain and produce the requested documentation.

Signature

Date

FOUNDATION OFFICE

Date Received

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Approval

Oakland CEO Date

Oakland VP of Human Resources Date