



James A. Cook Memorial Fund, Inc.

Grant Nomination and Review Form

Nominee Name:	Nominator Name:
Nominee Mailing Address:	Nominator Mailing Address:
Nominee Position with FPS:	Nominator Phone Number:
Is the award nomination for: Must Check One Below To Be Considered <input type="radio"/> Employee or Dependent Family illness / injury <input type="radio"/> Employee Property Loss or damage	If Approved Mail Check to: Check One Below <input type="radio"/> Nominee <input type="radio"/> Nominator for presentation to Nominee

In the space below, you must describe the details of the nomination as to why there is a financial hardship, ie., catastrophic property loss, lack of insurance, loss of pay due to lack of sick or annual leave, extended travel or lodging cost, ongoing illness over a long period, loss of employment from no fault of nominee, etc.:

Does employee have insurance that would cover this illness, injury or property loss? <input type="radio"/> Yes <input type="radio"/> No	Has the Nominee been awarded relief from the James Cook Fund within the last 12 Months? <input type="radio"/> Yes <input type="radio"/> No
If on the job injury or illness, is employee receiving workers compensation benefits? <input type="radio"/> Yes <input type="radio"/> No	Does the employee have annual or sick leave to cover time lost from work? <input type="radio"/> Yes Employee has leave time available <input type="radio"/> No Employee has no leave time available

Any additional information which would help in evaluating this need:

The James Cook Relief fund Committee will investigate all nominations to the best of their ability to ascertain a genuine financial hardship and recommend relief accordingly. Please remember that the illness, injury or property loss itself does not necessarily constitute a financial hardship especially if the employee has insurance covering most of the cost or has personal means to finance the situation. The fund is not intended to reimburse for ordinary expenses or losses but to assist those who will suffer a real financial hardship because of the situation. Email completed form directly to the current FPSAA President.

FOR COMMITTEE USE ONLY

Is Nominee eligible per Bylaws:

Committee recommendation: Award Grant in the amount of \$ _____

President's approval: Award Grant in the amount of \$ _____