



CALIFORNIA TRANSPORTATION FOUNDATION

ASSISTANCE FUND POLICY

The California Transportation Foundation's (CTF) Workers Assistance and Memorial (WAM) Fund program was established to help California transportation industry (private or public sector) employees and their families who are in need of financial assistance because of death, medical conditions, and disaster losses. The program consists of a permanent WAM Fund, temporary WAM Fund accounts established to raise money for a specific need, and the Fallen Worker Program.

The establishment and maintenance of temporary WAM 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 WAM Fund account 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 WAM Fund account to the designated contact person. Amounts contributed to a temporary WAM Fund are not tax-deductible contributions except in the case of disaster losses when contributions may be tax-deductible if beneficiaries and distribution are initially individually not determinable.

The following conditions apply to the WAM Fund program:

1. If the injury, loss or death occurs directly to a transportation industry employee while on the job, then CTF will administer the temporary WAM account and make a matching contribution from CTF's permanent WAM Fund. In no case will the total amount of matching funds provided by CTF exceed \$5,000, not including funds from a Fallen Worker grant.
 - a. 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 ordinary death benefits. Examples include, but are not limited to, memorial ribbons for funeral attendees, flowers and/or refreshments at the funeral, travel costs to bring loved ones to the survivor's side. Fallen Worker grants are made entirely from the permanent WAM Fund. No matching contributions are required. The CTF Executive Director, has discretion to make Fallen Worker grants of up to \$1,500.
2. If the injury, loss or death occurs directly to a transportation industry employee while not on the job, then CTF will administer the temporary WAM Fund account but NOT make a matching contribution.
3. If the injury, loss or death occurs to an immediate family member of a transportation industry employee, then CTF will administer the temporary WAM Fund account but NOT make a matching contribution. For purposes of this fund, immediate family is defined as a spouse or registered domestic partner, parent, or other elderly relative living with and cared for by the industry employee, or other dependent claimed for income tax purposes.
4. If the injury, loss or death is not one described above CTF will not participate in any way.
5. CTF will not match donations received from the person, trust or entity who is the beneficiary or receiver/trustee of person who passed away.
6. CTF will determine when the account will be closed.

In order to establish a temporary WAM Fund, the requesting party shall provide CTF the following information on the WAM Request Form on Page 2.



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

Email the Completed Request to sarah_west@transportationfoundation.org

Fund Name: _____

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

If a work related death occurred, 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.