UC Davis School of Medicine
COVID-19 EMERGENCY RELIEF FUND

The University of California Davis School of Medicine COVID-19 Emergency Relief fund provides limited financial support for trainees, fellows, and students who are experiencing (or who have experienced) a temporary hardship as a result of the COVID-19 pandemic.

The hardship must be temporary, a learner/trainee with long-standing financial challenges will not meet the temporary hardship requirement

Examples of hardship may include wage impact due to reduction in paid work, or childcare costs due to school closures, or costs incurred for care of or older dependents or family members that have underlying medical conditions.

Faculty, staff employees, contractors and temporary employees are not eligible.

Eligibility

To be eligible, you must be a current fellow, resident or medical student in good standing with the UC Davis School of Medicine and have experienced a direct temporary financial hardship due to COVID-19 between March 15, 2020 and August 1, 2020

Award Limits

Assistance is limited up to $1,000 per eligible individual.

Emergency funding is not guaranteed to all who apply. Funding is awarded on a case-by-case basis and is contingent upon availability of funds in the COVID-19 Emergency Relief Fund account. Given the limited amount of funds available, requests may be fully funded up to a $1,000 limit, partially funded, or not funded at all, even when there is a clear need for assistance. Medical students who previously received COVID-19 support in the Spring Quarter 2020 will need to justify how/why they would need additional funding beyond the support they received through the CARES Act federal support funds.

Application Process

- Fill out the COVID-19 Employee Emergency Relief Fund Application. Be sure to sign and date the form, which will indicate your verification that the information is valid and accurate. (Note: Information provided by grant applicants will be treated as confidential and shared only with individuals directly involved in grant administration, processing, and tax reporting.)
- Provide supporting documentation (such as receipts for dependent care, notification of school or care facility closure or notification of employment layoff.)
- Email your application and supporting documents to: Rani Asato, Analyst, Office of Medical Education (rkasato@ucdavis.edu)

UC Davis School of Medicine
COVID-19 EMERGENCY RELIEF FUND

Application Process (continued)

- The Office of Medical Education will review the application for eligibility, supporting documentation and notify the applicant if additional supporting documentation is required:
  - o Medical students: please contact Lauren Snow, Director of Financial Aid
  - o Residents and fellows: please contact Ryan Traynham, Director of GME
- Applicant information will be redacted to ensure confidentiality. Once redaction is complete the application is sent to the review committee.
- The Committee will send the applicant a notification of their decision.
- If the application is approved, funds will be disbursed as soon as possible.

Additional Information

Applicants may only apply for hardship funding and receive assistance funds one time. If your application is denied, you are unable to resubmit a denied application or submit an additional or new application.

The University of California, Davis School of Medicine would like to thank the
California Healthcare Foundation for its contribution and
to the **individuals** who donated through UC Davis GIVE.
It is through their generosity that these funds are made available.

UC Davis School of Medicine
COVID-19 EMERGENCY RELIEF FUND

APPLICATION

APPLICANT INFORMATION

Name (Last Name, First Name):

Applicant Type: If Other, Specify Applicant Type:

Primary/Home Department:

Identification Number (employee ID/PPS ID – NOT Social Security):

Or UCD Student ID#:

Home Address

Mailing Address (If different from Home)

Contact Email:

Contact Phone:

ACKNOWLEDGEMENT AND REQUEST

I am a University of California Davis School of Medicine Student/Resident/Fellow who has experienced a direct financial hardship as a result of the COVID 19 Pandemic and am requesting assistance from the COVID-19 Emergency Relief Fund in the amount of $ (not to exceed $1,000).

I have read and understand the provisions of the UC Davis School of Medicine COVID 19 Emergency Relief Fund. I understand that completion of this form is not a guarantee of approval. I hereby authorize the appropriate individuals to review my institutional records and documentation provided with this application to determine eligibility. I understand if I falsify or submit fraudulent information, I will be required to repay the amount awarded. I understand I can only apply for funds once and the maximum amount that may be funded is $1,000. I understand that applications without complete supporting documentation will not be considered.

Signature of Applicant   Date

Please complete the Description of Hardship on the following page.

UC Davis School of Medicine
COVID-19 EMERGENCY RELIEF FUND

DESCRIPTION OF HARDSHIP

Please provide a full and detailed explanation of your Catastrophic Event or Temporary Emergency. In addition, clearly state the root cause of your financial hardship and reference ALL supporting documentation that you are submitting. If your request is for child care reimbursement, please complete the supplemental form. If CARES Act support was received in Spring Quarter, address why and how any additional funding is being requested. Ensure the documentation provided prove the additional need.

FOR OFFICE USE ONLY

Date Received: Received By:

Documentation Complete: Y N   (If no, date documentation was requested from Applicant   )

Hardship Request Approved: Y   N   (If yes, Amount $)

Approver Name: Approver Signature: Approval Date:

Applicant Notified of Decision:

Funding Account: Date Submitted for Payment: