

AGC New Mexico Benevolence Fund Policy & Guidelines

The commitment to workplace Safety Excellence remains a strategic pillar in AGC New Mexico's ongoing operations and activities. The primary purpose of the AGC New Mexico Benevolence Fund (AGCNMBF) is to support families in the commercial construction industry after a job site accident. AGCNMBF provides an established and audited fiscal entity to collect and disburse family assistance and memorial funds in the case of unanticipated incidents and accidents resulting in serious casualties. AGCNMBF disbursements aim to address gaps in existing benefits, payments and services, and will be uniquely applicable based on the circumstances surrounding each case.

Oversight and Accountability:

The AGC New Mexico Board of Directors establishes the AGCNMBF and retains responsibility for reviewing applications for assistance.

The AGC NM Board of Directors makes all decisions regarding disbursements, within these policies and guidelines. The AGC CEO will manage staff support to the Board of Directors in AGCNMBF operations.

In order to comply with IRS regulations concerning charitable contributions, all contributions to AGCNMBF must be unconditional and without personal benefit to the donor.

Eligibility:

The AGC NM Board of Directors adopts, maintains, and implements an application process for requesting disbursements from AGCNMBF. The AGC NM Board of Directors retains the right and authority to deny any application.

General Guidelines:

AGCNMBF's goal is to provide temporary help and address gaps in assistance to serious casualties and their families after an unexpected and severe job site accident. Using an application process, and pursuing the objectives in these guidelines, the AGC Board of Directors will make all determinations regarding the appropriate eligibility, level, and timeframe for assistance disbursements. The Board of Directors will take into account the

amount of funds available in the AGCNMBF at the time of request(s), based on any existing carryover balance and new contributions from incident-driven collections or general, ongoing support for the AGCNMBF mission.

Disbursements from AGCNMBF may not be made in the form of a loan. No disbursement may be repaid, either in part or in full, in money or in labor.

Application Process:

- 1. The AGC NM Board of Directors will adopt and maintain an application process administered by the AGC CEO and staff.
- 2. The AGC CEO will provide the application to prospective beneficiaries upon request, including appropriate staff assistance navigating the application process. The AGC NM Board of Directors or AGC CEO may contact the applicant for additional information or to schedule a meeting, when deemed necessary and appropriate.
- 3. The applicant will be kept apprised of the status of the application and the application process through the AGC CEO as primary contact, including specific and timely notification of the AGC NM Board of Directors' final determination.

Disbursement of Funds:

Disbursements from AGCNMBF shall be made directly to the eligible applicant or family. No funds will be disbursed directly to employers. Only under rare and Board-approved circumstances will disbursements be made to a third-party, when appropriate.

Other than approved disbursements through the application process, the only eligible uses for AGCNMBF resources are the administrative costs for managing the fund and AGC NM Board of Directors approved expenditures that specifically advance the Safety Excellence strategic pillar of AGC New Mexico programming. These programs must elevate and enhance safety practices across the entire industry. Such Safety Excellence expenditures from the fund will only occur under special, AGC NM Board-approved circumstances and must be directed towards broadly applicable and widely accessible safety benefits for the commercial construction industry.



AGC Benevolence Request Form

Beneficiary Information

T N T		
Last Name:	First Name:	
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Address:		Apt.#
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City:	State:	Zip:
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Phone (Mobile):	Work:	(Home):
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Employer Information

Company:		
Address:		Suite#
City:	State:	Zip:
Work:	Supervisor's Cell:	

Purpose of Request:		



AGC Benevolence Request Form

Please provide incident summary or the Workers' Comp incident report (EMPLOYERS' FIRST REPORT OF INJURY OR ILLNESS, Form: NM WCA FORM E1.2):	A A		

Have you received assistance from us in the past? When/What?	□Yes	□No

Other benefits pursued paral	lel to AGC Be	nevolence fund	:	

I authorize AGC New Mexico to verify all information provided and contact applicant for further information.

Signature: _____ Date: _____

Printed name: _____