



**THE GENE UPSHAW PLAYER ASSISTANCE TRUST FUND**  
**GRANT REQUEST GUIDELINES**

**I. GOALS**

The Professional Athletes Foundation created the Gene Upshaw Player Assistance Trust Fund (GU PAT) to provide financial support to any former professional and amateur football player or his immediate family in times of financial crisis. The GU PAT is governed by the elected board of directors for the Professional Athletes Foundation which oversees all aspects of the funding process.

**II. APPROVED USE OF FUNDS**

The GU PAT Fund was created to provide short-term financial assistance to former players who may be faced with a financial or medical crisis. The GU PAT can also serve as resource for former players that are interested in returning to school to complete their undergraduate degree. Player's seeking Educational Assistance that are eligible for the Player's Trust Scholarship must apply via the Player's Trust for Education Assistance.

The funds are intended to provide immediate assistance when players are faced with unusual financial, medical, or educational challenges that may call for temporary assistance. For instance, grant assistance may range from supporting a family while a player is hospitalized, assisting when a catastrophe such as home fire hits, providing additional tuition money for a former players' return to school, or providing travel funds to receive appropriate medical services. *All applicants are expected to demonstrate need.*

Funds cannot be used for long-term financial support, or supplemental income to pension and/or disability benefits. Grants are not available as loans for business transactions or purposes.

**Types of Grants**

- 1. Financial**
- 2. Medical**
- 3. Financial/Medical**
- 4. Financial/Educational**
- 5. Educational (for undergraduate degree completion only)**

### III. CRITERIA FOR GRANT CONSIDERATION

All grant requests are reviewed by a four-member grant review subcommittee of the board of directors appointed by the president on a rotating, yearly basis. Players will be notified of the committees' decision within 45 days of receiving a complete grant request.

In reviewing grant requests, the grant review committee will look for demonstrated need created by:

1. Illness of player or immediate family member;
2. Chronic illness;
3. Chronic illness due to football injury;
4. Unforeseen event to a former player, their parents and/or children;
5. Lack of or no medical coverage;
6. Education or career transition (from active football).

### IV. APPLICATION PROCESS (**PLEASE READ CAREFULLY**)

All requests for grant assistance **must** include the following information:

A **letter of application**- Should state clearly why the money is needed, how specifically it will be used, amount requested, type of grant you are applying for, and your plan to maintain your financial responsibilities after assistance. Applicants can only apply for one grant.

- A **signed** copy of your most recent **Federal Income Tax Return** in its entirety. **If you indicate 'married, filing separately', on your tax return, a copy of your spouses' signed tax return is required also.**  
If you are applying after the Federal Tax filing deadline of April 15<sup>th</sup> during any calendar year a copy of the previous year's Federal Tax Return is **required**. Conversely, if you are applying for assistance prior to the April 15<sup>th</sup> Federal Tax Filing deadline, a copy of the previous year tax return is **required**. For any applicant that is not required to file a tax return, you must contact the IRS at **1.800.829.1040** and request a copy of your tax transcript. Please be ready to provide your social security number to the representative when calling. Applicants that have not filed taxes or have a significantly different income currently than what is reflected on your most recent Federal Income Tax Return may be required to submit documentation that reflects your current financial status (i.e. pay stubs, bank statements, letters from employer)
- A doctor's corroboration is needed if applying for the medical grant assistance and support for medical treatment is requested.
- **All of the bills (or copies) you would like for the Grant Review Committee to consider for payment** must be included with your request. Bills **cannot** be added once the Grant Review Committee has made a decision on your grant request. Bills submitted should be those covering necessary daily living expenses. Some

examples include rent/mortgage, utilities, etc. “Luxury items,” such as multiple cell phone bills, private school, or college tuition for children will not be considered. **Please note that the GU PAT Fund cannot pay credit card bills or legal expenses of any kind, purchase a vehicle or pay any money owed to the IRS, Federal or State on behalf of any applicant.**

- **All of the bills (or copies) you would like for the Grant Review Committee to consider for payment** must be included with your request. Bills **cannot** be added once the Grant Review Committee has made a decision on your grant request. Bills submitted should be those covering necessary daily living expenses. Some examples include rent/mortgage, utilities, etc. “Luxury items,” such as multiple cell phone bills, private school, or college tuition for children will not be considered. **Please note that the GU PAT Fund cannot pay credit card bills or legal expenses of any kind, purchase a vehicle or pay any money owed to the IRS, Federal or State on behalf of any applicant.**
- If applying for the financial grant or any combination thereof, applicants are required to participate and comply with the GU PAT Credit and Debt Management Support program. Upon submission of a **completed** financial grant request or any combination thereof, applicants and/or spouses, widows, etc will be mandated to contact the Credit and Debt Management Support Program at **1.866.490.0457** to speak with a counselor. If you have been referred to the GU PAT by your Trust program manager you will complete your Credit and Debt Management Support program with Financial Finesse, this referral will be made upon enrolling in the Trust or along with your referral to GU PAT. All applicants (including spouses, widows, etc.) are required to provide their name along with any additional information as required under the GU PAT grant guidelines and the GU PAT Credit and Debt Management Support Program requirements.
- If you are applying for a medical grant or any combination thereof, and have medical bills that you are submitting for the committee to consider that are unreimbursed and four hundred dollars (\$400.00) or above, you will required to apply to the Union Plus medical bill negotiation service for assistance in reducing the cost of such bills. Any bills below the four hundred dollar (\$400.00) threshold do not require review through the medical bill negotiation service.
- Included in the grant request should be evidence that other avenues of support (i.e., Social Security, worker’s compensation, local support, the Bert Bell Players Pension Fund, Health Reimbursement Account (HRA) have) been pursued.

*Please note that after any grant approval, an applicant must wait a minimum of three (3) years before becoming eligible to apply for assistance again.*

*Applicants that apply, but are denied grant assistance are afforded a one-time appeal of their denial within thirty (30) days of the original date their denied grant request. Appeals are only considered if any additional or updated information (not included with the original grant request) is submitted.*

**V. TABLED DECISIONS**

- If your grant application is tabled you will have thirty (30) days to submit the required documentation.

**VI. APPROVED GRANT ASSISTANCE**

The amount of grant assistance approved for any applicant is at the discretion of the Grant Review Committee. **No** funds are paid **directly** or mailed to any applicant for any reason or purpose.

All approved grant requests will receive a formal letter of approval from the PAF Director via mail and/or email. Should you have any questions regarding the details of your approval please feel free to contact the PAF team at 1.800.372.2000 ext. 140. In addition, please note that it's the responsibility of the player applicant to adhere to all details as outlined in your approval letter. Failure to do so will cause a delay in the processing of your grant award.

Once your grant request is complete with all **required** documentation, please return your information via mail to the following address:

Professional Athletes Foundation  
The Gene Upshaw Player Assistance Trust Fund  
C/o NFL Players Association  
1133 20<sup>th</sup> Street, N.W.  
Washington, D.C. 20036

or electronically to:

[Professionalathletesfoundation@nflpa.com](mailto:Professionalathletesfoundation@nflpa.com).

*Please note that failure to send any of the required items with your grant request will result in a delay in processing your request. Your grant request will not be reviewed until all required documentation is received.*

**STATEMENT OF FINANCIAL CONDITION**

**(THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR GRANT REQUEST)**

Net Assets (value of assets minus liabilities)

- \$0 to \$25,000
- \$25,000 to \$50,000
- \$50,000 to \$75,000
- \$75,000 to \$100,000
- Over \$100,000

Anticipated Annual Income for Year (all sources, including interest and investment income)

- \$0 to \$10,000
- \$10,000 to \$25,000
- \$25,000 to \$40,000
- \$40,000 to \$60,000
- Over \$60,000

Special Financial Considerations:

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Please indicate if you have applied to OR received funds from the following:

- NFL Player Care Foundation
- Gridiron Greats Assistance Fund

Are you enrolled in The Player's Trust: Yes No

Are you currently employed: Yes No

If yes please list current employer and monthly income: \_\_\_\_\_

**Gene Upshaw Player Assistance Trust**  
**Authorization and Consent to Release Information and Records**  
**(THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR GRANT REQUEST)**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Health Insurance Coverage: Yes No

Please list any children or adults over the age of 18 currently living in your household: \_\_\_\_\_

I hereby authorize the Professional Athletes Foundation, Gene Upshaw Player Assistance Trust and all of their agents and employees (hereinafter collectively "Trust") to investigate my background in connection with my application for a grant from the Gene Upshaw Player Assistance Trust. As part of the Trust's investigation, I authorize the Trust to obtain and review any private and confidential information concerning me, including, but not limited to, consumer credit reports; bank and financial institution records; employment, military, civil, regulatory, and educational data; and reports from any individuals, corporations, partnerships, associates, institutions, schools, governmental agencies, and departments, courts, law enforcement, and licensing agencies, consumer reporting agencies, and other entities, including my present and previous employers.

I further release and discharge the Professional Athletes Foundation, the Gene Upshaw Player Assistance Trust, its Board Members, agents, and every employee or agent of any of them, and all businesses, entities and any of their agents or employees that provide such information pursuant to this authorization, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s).

I acknowledge that I have voluntarily provided the above information for qualification for a GU PAT grant, and I have carefully read and understand this authorization. The above is my true and complete legal name, and all of the above information is true and correct to the best of my knowledge. Should there be any question as to the validity of this release, I may be contacted as indicated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

## **The Gene Upshaw Player Assistance Trust Fund Grant Application Checklist**

*Please use the list below to make sure you have all the required documents before sending your grant request:*

- A letter of application**--Should clearly state why the money is needed, how specifically it will be used, total amount requested (for how many months), the type of grant you are applying for, and your plan to maintain your financial responsibilities after assistance. Applicants can only apply for one grant. Please be sure to list each bill and bill amount in in your letter.
- Statement of Financial Condition** (attached to application)
- Gene Upshaw PAT Authorization and Consent to Release Information and Records** (attached to application)
- A signed copy of your most recent **Federal Income Tax Return** in its entirety. If you indicate ‘married, filing separately’, on your tax return, a copy of your spouses’ signed tax return is required also.
- A **doctor’s corroboration** is needed if applying for the medical grant assistance and support for medical treatment is requested.
- Contact **Union Plus medical bill negotiation service** for assistance in reducing the cost of such bills. (If you are applying for a medical grant or any combination thereof, and have medical bills that you are submitting for the committee to consider that are unreimbursed and four hundred dollars \$400.00 or above).
- All of the bills (or copies)** you would like for the Grant Review Committee to consider for payment.
- Contact the **Credit and Debt Management Support Program** at 1.866.829.1040 to speak with a counselor. Afterwards you will be emailed a “*Proposed Other Action Packet*”(Client Financial Action Plan), please submit a copy with request. If you have been referred to the GU PAT by your Trust Manager you can submit your Financial Finesse budget document.
- Included in the grant request should be evidence that other avenues of support (i.e., Social Security, worker’s compensation, local support, the Bert Bell Players Pension Fund, Health Reimbursement Account (HRA)) have been pursued.

**Please note that failure to send any of the required items with your grant request will result in a delay in processing your request. Your grant request will not be reviewed until all required documentation is received.**