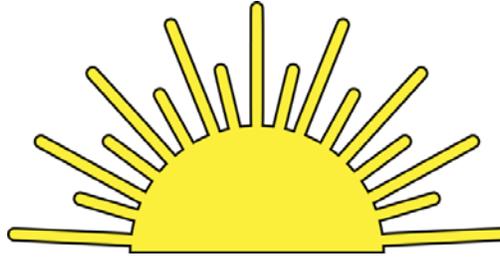


# RULES FOR CSEA REGION 6 ROBERT L. LATTIMER SUNSHINE FUND (Rules)



1. The Sunshine Fund shall not be used as a "flower fund". It was created to provide assistance to permanent CSEA members (dues paying member for one year) and their immediate families in time of catastrophe or crisis when other forms of support prove to be insufficient.

**a) Non-work related catastrophe, illness or major fire or natural disaster which requires evacuation of the premises may be a qualifying event. Members on suspension or on Workers' Compensation are not qualified for this fund.**

2. The Sunshine Fund will make all disbursements based upon the availability of funds and the Funds Trustees' determination that there is both a need and a written request that meets the criteria that has been established by the committee.

3. The monies raised for the Sunshine Fund shall come from separate fundraisers or donations **only**. Dues money or Local, Unit or Region rebates **shall not be used**.

4. The Sunshine Fund Committee will consist of the Region treasurer and one other Region officer. The Region president will appoint up to ten trustees with the approval of the Region Executive Board. All requests will require a 50% plus one majority of trustees to be approved.

5. Sunshine Fund monies will be kept separate from other Region 6 monies and records of contributions and disbursements shall be maintained by the Region 6 treasurer. A report of the treasurer will be made at Region meetings regarding contributions and disbursement totals.

6. Disbursements from the fund will be made only to CSEA Region 6 members and their immediate families.

7. Immediate family shall be defined as spouse, child, parent, sibling or any person occupying the position as these relatives in the member's family.

**8. The committee shall have the ability to make necessary changes to the rules of the Robert L. Lattimer Sunshine Fund by a majority vote and subject to approval by the Region Executive Board.**

9. Written requests are to be made using the request form (see reverse) available from the Region Office. All request forms must be signed by the Local president before submission and mailed, e-mailed or faxed to:

**CSEA Region 6 Robert L. Lattimer Sunshine Fund Committee  
CSEA Region 6 Office  
120 Pineview Drive  
Amherst, New York 14228  
Phone: (716) 691-6555 or Toll Free: (866) 568-7734  
Fax: (716) 691-5430  
e-mail: [csearegion6@cseainc.org](mailto:csearegion6@cseainc.org)**

**CSEA REGION 6  
ROBERT L. LATTIMER SUNSHINE FUND  
REQUEST FORM**



**CSEA MEMBER MAKING REQUEST:**

Date of Request: \_\_\_\_\_

Local/Unit Name & Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

**CSEA MEMBER FOR WHOM THE REQUEST IS BEING MADE:**

Local/Unit Name & Number: \_\_\_\_\_

Member Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Leave Status: \_\_\_\_\_

Number of Years in CSEA: \_\_\_\_\_ Circle One – Full-Time                      Part-Time

**Please check either Yes or No if member for whom the request is being made has any of the following:**

Life Insurance: Yes  No       Medical Insurance: Yes  No       Disability Insurance: Yes  No

Homeowners Insurance: Yes  No       Renters Insurance: Yes  No

**SPECIFIC DETAILS FOR REQUEST – (Attach additional pages as necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Required) Local President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Check # \_\_\_\_\_ Date: \_\_\_\_\_