



The GC Cares Assistance Fund is intended to assist employees who experience emergency situations causing temporary financial hardships and to help them regain financial stability within a relatively short period of time. To be eligible to receive assistance, an individual must be classified as a Golden Corral Corporation employee or an employee of a franchisee of Golden Corral.

GC Cares Application Form – Please print all answers.

Name: _____
First *Last*

Home Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email Address: _____ Position: _____

Store Number/Location: _____ City/State: _____

Company Franchise Franchisee's Name: _____

Manager's / Franchisee's Name: _____ Manager's / Franchisee's Signature: _____

If funding is approved, a check will be sent directly to you. Please indicate where you would like the check sent:

Home address (as indicated above) Work location (as indicated above)

Description of Need: Please check the hardship(s) below that you have experienced and for which you are requesting financial assistance. Review the Criteria for Events Eligible for Assistance for the required documents that need to be submitted with your application.

- Home Catastrophe / Natural Disaster
- Care of Family Member
- Funeral Expense
- Transitional Housing Assistance
- Employee Illness
- Emergency Travel
- Basic Needs

Employee Name: _____
First Name Last Name

Describe below the circumstances causing your need for assistance. Please be specific and provide as many details as possible including specific support/resources needed. If there is not enough room below, please attach additional sheets as necessary.

Criteria for Events Eligible for Assistance:

- 1) **Home Catastrophe / Natural Disaster** – To help an employee who experiences urgent or extraordinary expenses as a result of a catastrophe, natural disaster (e.g., flood, fire, tornado, and hurricane) or accident to a primary residence.
Required Document(s): Photographs or other documentation showing the extent of the damage and/or loss.
- 2) **Transitional Housing Assistance** – To help an employee when domestic abuse results in employee’s need to immediately relocate personal residence to avoid continued abuse.
Required Document(s): Photographs or other documentation reflecting injury/abuse.
- 3) **Care of Family Member** – To help an employee when the employee’s immediate family member (i.e., parent, grandparent, spouse, sibling, child, or in-law) suffers from an extended illness (lasting longer than two weeks) and employee either takes a leave of absence of at least two weeks or employee’s schedule is reduced by more than 50% to care for a family member.
Required Document(s): A statement from the attending physician indicating the date of the onset of the unexpected illness and the expected duration of required care by the employee.
- 4) **Employee Illness** – To help an employee who is severely ill or injured causing the employee to be absent from work for an extended period of time.
Required Document(s): A statement from the attending physician indicating the date of the onset of the unexpected illness and the expected duration of absence from work.
- 5) **Funeral Expense** – To help (1) an employee **who is financially responsible for paying the funeral expenses** of an immediate family member (i.e., parent, grandparent, spouse, sibling, child, or in-law) or (2) an employee’s family member **who is financially responsible for paying the funeral expenses** of an employee.
Required Document(s): A copy of the funeral bill indicating the amount and that the employee or family member is the person financially responsible.

Employee Name: _____
First Name Last Name

6) **Emergency Travel** – To help an employee, spouse, or immediate family member (i.e., parent, grandparent, spouse, sibling, child, or in-law) within the household who needs to either travel (1) to attend funeral for or make final visit to terminally ill immediate family member or (2) to escort a critically ill immediate family member to a remote medical facility or hospice.

Required Document(s): (1) A statement from attending physician regarding either terminal status or need for remote facility, or funeral documentation. (2) Receipts for travel expenditures.

7) **Basic Needs** – To help an employee prevent homelessness and/or provide for basic needs such as food, utilities and childcare when an employee is unable to work or meet these basic needs due to an unforeseen emergency situation.

Required Document(s): A copy of bill indicating the vendor and amount and documentation explaining unforeseen emergency situation.

Confidentiality

Applicant’s personal information will be handled by GC Cares, Inc. with appropriate sensitivity to the extent reasonably practical. However (1) information regarding the application and applicant will necessarily be disclosed to and discussed with those involved in the grant review process; (2) GC Cares, Inc. may publicly describe and promote information about grants generally, without specifically identifying any particular applicant; (3) the general public and media may obtain information concerning particular applicant’s involvement in the grant process from other sources, and (4) GC Cares, Inc. may be required to disclose information about you, your request, and the grant, as required by applicable law. Please keep in mind that your employer may also be aware of, and provide to GC Cares, Inc., your personal information in connection with their involvement in the application process.

Certification and Authorization

By signing below and presenting this application, I certify that the above information is true and correct and that I have no other financial resources or assets that could reasonably be used to satisfy this need/responsibility. I understand that submitting this application does not guarantee a grant will be made by the GC Cares, Inc. Additionally, by signing below, I authorize GC Cares, Inc. to contact me with any questions or requests for additional information needed in connection with this application.

Employee Signature

(Required): _____

Date: _____

Authorized Signature:

(If employee cannot sign) _____

Date: _____

The signed application and supporting documentation should be e-mailed, mailed, or faxed to:

GC Cares Assistance Fund

PO Box 29502

Raleigh, NC 27626

Fax: (919) 881-4577

GCCares@GoldenCorral.net