



**Mission:**

To provide financial assistance to fellow associates of Flynn Restaurant Group and their immediate families during times when either the associate or an immediate family member, who through no fault of their own, experiences unforeseen financial crisis or tragedy for which he or she does not have the resources to handle.

**Requirements for eligibility:**

- Applicant must be a current associate of Flynn Restaurant Group.
- The hardship is sudden, unexpected, unusual and extraordinary, involves the associate or an immediate family member, damages property or individual; or results in the loss of life, health, or property.
- Applications and supporting documentation must be submitted within six months from the date of the crisis to be eligible for assistance.
- Prior to applying for funding, applicant must have exhausted all other appropriate means of financial assistance available to him/her (i.e., state aid, utility assistance programs, etc.).
- Applicant must provide supporting documentation from a third party verifying the situation and need (i.e. police report, invoice/receipt, medical bills, physician return-to-work document, denial documents from other financial assistance programs, pay stubs, etc.).
- If granted, payment is made directly to the vendor or creditor to which the employee has a financial obligation.
- Applicant must not have received a grant from the FRG Family Fund in the past 12 months.

**Qualifying events include, but are not limited to, the following:**

- Urgent and sudden medical emergencies for associate or member of household not covered by insurance or hospital charity care programs
- Fire, natural disaster, or other catastrophic event that causes loss of home or contents not covered by insurance
- Assistance with funeral expenses upon death of associate, or assistance for funeral expenses for member of associate's immediate family in situations where the associate is financially responsible

**The Family Fund is unable to support:**

- Loan repayment
- Tuition or other educational expenses
- Unresolved debt not brought on by a recent, sudden, and unexpected event
- Issues related to work schedule/restaurant productivity
- Custody and/or legal issues
- Vehicle repair/payments/purchase
- Loss or theft of cash
- Any request not submitted with appropriate supporting documentation.

If eligibility requirements are met, please complete the application, have it signed by a sponsoring manager (GM or above), and submit the application with supporting documentation.

***\*Every application MUST include associate signature, sponsoring manager signature and supporting documentation. Incomplete applications will be returned to applicant.\****

Submit application to:  
**Grant Committee**  
6200 Oak Tree Blvd.  
Suite 250  
Independence, OH 44131  
Fax: (216) 328-1868  
Email: [familyfund@flynnrg.com](mailto:familyfund@flynnrg.com)



## Frequently Asked Questions

### Who is eligible to apply for funds?

All current employees of the Flynn Restaurant Group are eligible to apply for a grant from the Family Fund.

### How do I submit my application?

You can mail your application and supporting documents to Grant Committee, 6200 Oak Tree Blvd., Suite 250, Independence, OH 44131; fax to (216) 328-1868; or email to [familyfund@flynnrg.com](mailto:familyfund@flynnrg.com).

### Who is a sponsoring manager?

Your sponsoring manager is your general manager or above who is familiar with your need and signs your application. His/her signature is required.

### May I apply on another employee's behalf?

The Family Fund committee requires that all applications need to be signed by applicants, in order to ensure that we are considering all needs - some of which managers or co-workers may not be aware. In addition, employees can receive a grant only once every twelve months, so it is important that they are aware they are applying. If an applicant is unable to sign, their verbal consent will usually suffice.

### What are supporting documents?

So that the Family Fund can help you efficiently, in most situations, you must provide supporting documentation from a third party verifying your situation and need. The following table may be helpful to you in submitting these documents.

If you are seeking help with...	You should submit...
Medical expenses	Physician/hospital bills
Fire	Fire department report
Funeral expenses	Funeral home invoice
Loss of wages due to injury or illness	Return to work documentation from physician/provider
Rent/mortgage payment	Rental agreement or current mortgage statement
Utilities shutoff	Denial documents regarding utility help or payment plans
Situations not listed here	Documentation that will validate your situation; feel free to contact the Family Fund for specific questions

### How often does the Family Fund grant committee meet?

The Grant Committee meets weekly to review grant applications.

### How will I know if my grant request has been approved?

If necessary documentation has been provided, within three weeks you will receive notification by U.S. mail.

### If my grant request is approved, how do I get the funds?

Grants are sent by check to the address on your application within two weeks of an approval decision.

### Can I receive funds more than once?

You may not receive a grant from the FRG Family Fund more than once in a 12 month period.

### My question wasn't answered here. Who may I contact?

You may call the FRG Family Fund at 216-525-2775 x1037 or email [familyfund@flynnrg.com](mailto:familyfund@flynnrg.com).

**GRANT APPLICATION – FRG Family Fund Inc.**

\*Please print clearly.\*

Name: \_\_\_\_\_

Location: \_\_\_\_\_ Hire date: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_ Month and day of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

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

Amount requested (required field): \$ \_\_\_\_\_

Have you previously applied for an FRG Family Fund grant? yes no

If so, when? \_\_\_\_\_ Were you granted funds? yes no

May we share your story in our FRG Family Fund materials (names and locations can be changed to protect privacy)? yes no

I am requesting funds because: (Please be specific and provide details. You may attach additional paper and must attach documentation in order for your request to be considered.)

---

---

---

---

---

---

---

---

---

---

By signing and presenting this application, I certify that the above information is correct or is true and accurate to the best of my knowledge and belief, and request that the Fund review this application. I understand that submitting this application does not guarantee that funds will be granted. I hereby authorize the Grant Committee to obtain the necessary documents to support this application. I will hold the Fund and its committee members harmless from and against all personal liability to which the Fund and its committee members may be subjected to by reason of any act done or omitted in their official capacity in good faith in the administration of this fund.

\_\_\_\_\_  
Associate signature (required)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring manager signature (GM or above - required)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date