



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
- 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

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