



# GC Cares Grant Application Form

Grants provide short-term assistance to Golden Corral company and franchise employees experiencing severe financial need due to unexpected emergencies or catastrophic events.

NAME:		
STREET ADDRESS:		
CITY, STATE ZIP CODE:		
PHONE:	EMAIL ADDRESS:	
STORE NUMBER:	STORE CITY & STATE:	
POSITION:		DATE OF HIRE:
<input type="checkbox"/> COMPANY	<input type="checkbox"/> FRANCHISE	FRANCHISEE'S NAME:
MAY WE USE YOUR STORY IN GC CARES UPDATES?		
PLEASE REVIEW GRANT GUIDELINES AND PLACE A CHECK MARK NEXT TO THE TYPE OF GRANT REQUESTED		
<input type="checkbox"/> Home Catastrophe / Natural Disaster	<input type="checkbox"/> Care of Family Member	<input type="checkbox"/> Funeral Expense
<input type="checkbox"/> Transitional Housing Assistance	<input type="checkbox"/> Employee Illness	<input type="checkbox"/> Emergency Travel
<input type="checkbox"/> Basic Needs		
DOLLAR AMOUNT YOU ARE REQUESTING \$		
<b>EXPLANATION OF NEED</b> <i>(Application will be evaluated for financial assistance based <u>ONLY</u> on the information provided and supporting documentation. Please be specific and provide as many details as possible. In addition to providing third party documentation that demonstrates the catastrophic event, it's helpful for the Grant Selection Committee to see copies of your bills that show the financial impact.</i>		
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Attach additional sheet if necessary.		

Employee Name: \_\_\_\_\_  
First Name Last Name

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**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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Signature:**  
*(If employee cannot sign)* \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager’s /  
Franchisee’s  
Name:** \_\_\_\_\_

**Manager’s /  
Franchisee’s  
Signature:** \_\_\_\_\_

**The signed application and supporting documentation should be mailed, faxed or emailed to:**

**GC Cares, Inc. | PO Box 29502 | Raleigh, NC 27626**

**Fax to: (919) 881-4577 | Email to: [gccares@goldencorral.net](mailto:gccares@goldencorral.net)**

## GC CARES GRANT CRITERIA

Third party documentation that demonstrates the catastrophic event must be included. Pictures may be included to help illustrate the extent of loss, but they are not a substitute for third party documentation except as noted.

### Qualifying Events

- 1) Home Catastrophe / Natural Disaster** – To help an employee who experiences urgent or extraordinary expenses due to a catastrophe, natural disaster (e.g., flood, fire, tornado, and hurricane) or accident to a primary residence.  
**Required Document(s):** Home: Fire Marshal Report, a letter from the Landlord, Insurance Company or Red Cross stating the home was destroyed or unlivable. Car: (only when damaged in natural disaster) Letter from insurance company or written repair estimates from an auto body shop.
- 2) Transitional Housing Assistance** – To help an employee when domestic abuse results in an employee's need to relocate their residence immediately to avoid continued abuse.  
**Required Document(s):** Photographs or other documentation indicating 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), the employee takes a leave of absence of at least two weeks, or the employee's schedule is reduced by more than 50% to care for the 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.  
**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. Only funeral expenses over the decedent's life insurance proceeds are eligible for consideration.  
**Required Document(s):** A copy of the funeral bill indicating the amount and showing that the employee or family member is the person financially responsible. The employee must submit a copy of a document showing the person is the employee's legal dependent for legal dependent consideration.
- 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 a funeral for or make final visit to a 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 the attending physician regarding either terminal status, 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.  
**Required Document(s):** (1) Copies of bills indicating vendors and amounts (2) Documentation explaining unforeseen emergency.

**Additional helpful items for all events: Photographs, bills documenting living expenses**