



Application for Assistance – Disaster

The BNE Helping Hands Program is administered by Foundation For The Carolinas, a non-profit organization that serves donors, communities and a broad range of charitable purposes. A Review Committee of non-BNE members reviews applications and makes grants. When catastrophes affect large numbers of employees

decisions are communicated and grants mailed or deposited in five business days. Submitting a request for funds through BNE Helping Hands and completion of this application is completely voluntary. The information supplied will be kept confidential and may be reviewed only by individuals involved in administering the BNE Helping Hands Program. Decisions regarding applications will be communicated in writing by US mail. **Please read carefully.**

BNE Helping Hands Funds are granted to eligible employees suffering from severe financial hardship resulting from a sudden, overwhelming, unexpected event beyond their control. BNE Helping Hands funds are intended for use by those who do not have other resources to help themselves. Certain charitable income guidelines apply.

BNE Helping Hands Requests up to \$2,500 may be granted for:

- Basic living expenses not covered by insurance or help from other organizations including: housing, home repair (for primary residence), food, clothing.
BNE Helping Hands provides one-time assistance to help employees get back on their feet with basic necessities. It does not help repair or replace everything lost or damaged in a catastrophe. In the event of a natural disaster, it does not pay regular house payments and utilities. Instead it helps with expenses caused by the disaster.
- Extraordinary medical expenses of a short-term nature not covered by insurance
To apply for help with medical expenses please request the Emergency Hardship application instead of this Disaster application.

BNE Helping Hands Requests must be for expenses that are:

- Incurred on or after June 1, 2007 or the employee's hire date, whichever is later,
- Short-term in nature,
- Able to be resolved with a single grant.

Requests that will NOT be granted include:

Lost compensation due to missed time from work; items covered by an individual's insurance; routine, on-going or long-term medical expenses; elective medical procedures; insurance premiums; credit card debt or pay day loans; employee benefits during waiting periods for coverage; legal fees; and expenses associated with divorce settlements and child custody cases.

Send completed Application for Assistance and supporting documents to: The BNE Helping Hands Fund, Foundation For The Carolinas, 217 S. Tryon Street, Charlotte, NC 28202. Fax: 704 973-4906.

If you have questions, contact the BNE Helping Hands Fund Program Coordinator toll-free at 1-888-BNE-HHF0 (1-888-263-4430) or in Charlotte at (704) 973-4506.

Employee Information

Both statements below must be true to apply for BNE Helping Hands assistance. Do not complete the rest of the application if all statements cannot be checked.

_____ I am an active employee of Boddie-Noell Enterprises, Inc or an employee on approved leave.

_____ I am NOT a contract or temporary employee or a retiree.

Last Name: _____ First Name: _____ Middle Initial: _____

Employee ID #: _____

Hire Date: _____ # Hours Scheduled to Work per Week: _____

Job Title: _____ Department: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

Manager's Last Name: _____ First Name: _____

Manager's Work Phone: _____ Manager's Email: _____

Employee's Home Address: _____

City: _____ State: _____ Zip: _____

If, because of the catastrophe, you cannot receive mail at your home address please give another mailing address for us to use: _____

Home Telephone: _____ Cell Phone: _____

Home Email: _____

Marital Status: _____ # of dependents claimed on taxes: _____

Dependents' Ages/Relationship to Employee: _____

Have you applied before for BNE Helping Hands assistance? _____ If YES, date applied (Mo/Yr): _____

Disaster Situation Beyond Your Control

Catastrophic event, which was sudden, unexpected, overwhelming including, but not limited to, disasters such as hurricanes, floods, fires, tornadoes and earthquakes; and emergencies such as terrorist acts.

Catastrophic event and dates	Financial hardships caused by event, \$ amounts and dates

Financial Information

A. Your annual gross (before deductions) salary or wages	\$	Per year
Typical take home pay amount each paycheck	\$	Per check
B. Your spouse/partners annual gross salary or wages	\$	Per year
Typical take home pay amount each paycheck	\$	Per check
C. Child support income (you and spouse)	\$	Per year
D. Social Security income (you and spouse)	\$	Per year
E. Disability income (you and spouse)	\$	Per year
F. Unemployment income (you and spouse)	\$	Per year
G. Alimony (you and spouse)	\$	Per year
H. Other income (please describe for you and spouse)	\$	Per year

BNE Helping Hands Grant Amount Requested (Required) \$ _____

Please list in itemized detail how the funds will be used. Processing of application will be delayed if request is not itemized.

Amount requested	To be used for

Please attach copies of repair or replacement estimates, as applicable.

Recovery Plan

Per IRS regulations, please show that you have done everything possible to help yourself before turning to BNE Helping Hands. *Please spell out the full name of organizations, no abbreviations.*

Action Taken	Results and \$ Amounts	Date
(Check those that apply) <input type="checkbox"/> Homeowner's Insurance <input type="checkbox"/> Renter's Insurance <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Other		
Red Cross (866) 438-4636		
Federal Emergency Mgmt (FEMA)		
Your religious community		
Family members		
Loan Program		
Employee Benefits		
Other		

Authorization

I have done everything possible to help myself before applying for this grant. I certify that the information provided in this grant application is true and correct as of the date set forth below. I authorize Boddie-Noell Enterprises, Inc Employee Benefits and Payroll to release information to BNE Helping Hands regarding this application. My signature acknowledges and permits Foundation For The Carolinas to verify all information. Any intentional misrepresentation of information contained in this application will result in forfeiting this grant application now and in the future.

Signature Required: _____ **Date:** _____