



BODDIE NOELL ENTERPRISES, INC

Application for Assistance

The **BNE Helping Hands Program** is an employee assistance fund that provides financial assistance to Boddie-Noell employees in time of need.

Whether a disaster or emergency hardship - the fund is designed to assist employees who are experiencing financial hardship as result of a sudden, severe, overwhelming and unexpected event.

- **Disasters*** – include presidentially declared disasters, natural disasters and personal disasters such as house fires, tornadoes, earthquakes, hurricanes or floods, etc.
- **Emergency Hardships*** – include illness, death in the family or other unexpected events that are beyond the employee's control and which result in his or her inability to provide basic life necessities.

**A detailed list of qualifying events and expenses are listed on page 3 of this application. Certain charitable income guidelines may apply.*

The applicant must be an active employee of BNE or an employee on leave with pay, including short-term disability and paid time off. Requested expenses must be the result of an event that has occurred after the employee's hire date. Contract, temporary employees, retirees, or those on unpaid leave or long-term disability are not eligible to apply.

Ineligible requests for financial assistance include:

- Lost wages
- Legal fees
- Electronics and non-essential appliances/furnishings
- Non-essential household utilities (e.g. internet, cable/satellite television, telephone, etc.)
- Routine car maintenance
- Items covered by insurance, insurance co-pays, premium or deductibles
- Credit card debt or pay day loans
- Private school or higher education tuition
- Employee benefits during waiting periods for coverage
- Expenses associated with divorce or child custody settlements
- Funeral, travel and burial expenses upon death of employee's relative outside of spouse, partner or dependents

The BNE Helping Hands grant selection process is administered by Foundation For The Carolinas (FFTC). FFTC is a community foundation that administers corporate philanthropic services including disaster and hardship relief grants. Although FFTC is based in North Carolina, eligible Boddie Noell Enterprises employees are able to apply regardless of geographic location. Grant decisions are made in accordance with relevant federal and state laws and regulations and are communicated to applicants by email or phone.

The maximum grant award is \$5,000. Grant amounts vary based upon the nature of the event and related expenses. In most circumstances, if the application is approved, FFTC will make the grant in the form of check(s) payable to the vendor(s) to whom the employee owes payment.



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Supporting documents are necessary for evaluating and determining the eligibility of the grant request. Applicants should include all documentation that verifies their inability to pay basic living expenses.

- Most recent pay stub and pay stubs that reflect income prior to event
- Past due bills and or eviction notices
- Police or fire reports
- Death Certificate
- Invoice from funeral home
- Court documents
- Lodging Receipts (In the case of Evacuation)
- Insurance Claims Forms and/or Explanation of Benefits (EOB)
- Repair Estimates on Company Letterhead

A completed application must be submitted in order for the application to be reviewed. Incomplete applications will be held for 30 days after the application has been submitted. After 30 days, the applicant will need to apply by resubmitting a new application and all supporting documents again.

A completed and signed application and supporting documentation (please refer to the list of supporting documents for examples), **including a copy of your most recent pay stub**, may be submitted via one of the following methods:

1. U.S. Mail: Foundation For The Carolinas, 220 North Tryon Street, Charlotte, NC 28202
2. Fax: 704.973.4906
3. Email: BNEHelpingHands@fftc.org

If you have questions, contact the BNE Helping Hands Fund Program Coordinator toll-free at 1.888.263.4430 or in Charlotte at (704)973-4506.

For a review of the BNE Helping Hands Fund program eligibility and guidelines, an electronic version of the *FFTC Disaster and Emergency Hardship Relief Fund Grants Policy* is available by calling 704.975.4553.



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Qualifying Events and Expenses

Relief Events and Expenses generally include the following (without limitation), provided that such Relief Event directly affects the employee and his or her immediate family as otherwise required:

Qualified Disaster	Qualified Expenses
<ul style="list-style-type: none"> • Presidentially-declared natural disaster • Terroristic or military action disaster • Disaster resulting from an accident on a common carrier • Any event determined by the Secretary of the Treasury to be of a catastrophic nature • Natural disasters and personal disasters such as house fires, tornados, earthquakes, etc. 	<ul style="list-style-type: none"> • Food • Clothing • Housing – includes reasonable repairs, property taxes, homeowners dues, mortgage payments, rent, essential appliances and furnishings, security deposits (e.g., for a new apartment if unable to inhabit existing home due to disaster, domestic abuse, etc.), or adaptive improvements related to disaster or hardship (e.g., installation of wheelchair ramp) • Basic, essential household utilities (electric, gas, water, sewer, etc.)
Emergency Hardship	
<ul style="list-style-type: none"> • Domestic abuse • Physical abuse • Violent crime • Non-violent crime • Short-term illness or other short-term medical, dental, vision or hearing condition • Accident (unless caused by the employee's or applicable family member's negligence, recklessness or intent) • Death of the employee, spouse/partner or a dependent • Denied health insurance claim • Spouse/partner loss of job/income (temporary) • Loss of child support • Unscheduled loss of alimony 	<ul style="list-style-type: none"> • Basic transportation (including car payments or repairs other than routine car maintenance or those repairs that could have been avoided with routine car maintenance; costs of public or commercial transportation, as applicable), to the extent not otherwise specifically excluded • Short-term medical, dental, hearing or vision assistance (including reasonable travel expenses), to the extent not otherwise specifically excluded; short-term assistance generally refers to the treatment of a condition other than a terminal illness, where such condition is expected to be fully treated within six months of diagnosis • Psychological counseling deemed by a physician to be necessary following a disaster or hardship • Reasonable funeral, travel and burial expenses upon the death of employee's spouse/partner or dependents or upon the death of employee (as requested by employee's spouse/partner or dependents) • Reasonable evacuation expenses resulting from a disaster (specific expense categories and amounts to be determined at the time of the applicable disaster) • Reasonable daycare/childcare expenses



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Nonqualifying Events and Expenses

The following events and expenses/needs of an employee and his or her immediate family that are not generally eligible for a Relief Grant may include the following (without limitation):

Nonqualifying Events	Nonqualifying Expenses
<ul style="list-style-type: none"> • Loss of employee's own income • Scheduled loss of alimony (or otherwise reasonably anticipated) • Long-term illness or other long-term medical, dental, vision or hearing condition (beyond the beginning stages of what is eventually determined to be a terminal illness or other long-term condition) • Elective medical procedures or routine or maintenance medical procedures • Divorce • Child custody dispute • Incarceration • Accident caused by the employee's or applicable family member's negligence, recklessness or intent • Circumstances brought on by accumulated financial distress, long-standing credit problems or other circumstances, for which a typical, single grant would not, in the exclusive discretion of the FFTC Disaster Relief Intake Committee or Disaster Relief Community Committee, as applicable, provide any material assistance 	<ul style="list-style-type: none"> • Legal fees • Lost compensation due to missed time from work • Electronics and non-essential appliances/furnishings • Non-essential household utilities (e.g., internet service, cable/satellite television, telephone, etc.) • Routine car maintenance • Long-term medical expenses, expenses for elective medical procedures or expenses for routine and maintenance medical procedures where such routine or maintenance procedures are not in response to a disaster or hardship; long-term assistance generally refers to the treatment of any terminal illness or any other condition that is not expected to be fully treated within six months of diagnosis; provided, however, that a Relief Grant may be appropriate at the beginning stages of what is eventually determined to be a terminal illness or other long-term condition. • Insurance co-pays, premiums or deductibles or items covered, or to be reimbursed, by insurance • Credit card debt • "Pay day" loans • Private school tuition • Higher education tuition • Employee benefits during waiting periods for coverage • Expenses associated with divorce settlements • Expenses associated with child custody settlements • Funeral, travel and burial expenses upon death of employee's relative outside of spouse, partner or dependents (unless employee can show that he or she had assumed financial responsibility for such person prior to death)



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Section I: Employee Information (Required)

Please indicate whether you are applying for disaster or emergency hardship assistance.

- I am applying for Disaster Relief Assistance. **Please skip sections IV, V, and VII of this application.**
 I am applying for Emergency Hardship Assistance. **Please skip section III of this application.**

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

Employee ID: _____ Hire Date: _____ # Hours Scheduled: _____

Job Title: _____ Department: _____

Work Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Permanent Home Street Address: _____ Rent Own

City: _____ County: _____ State: _____ ZIP: _____

Home Telephone: _____ Cellular Telephone: _____ Email: _____

If, because of the catastrophe, you cannot receive mail at your home address provide another mailing address below:

Marital Status? Single Married Divorced/Separated Domestic Partner

Family Members (Spouse and dependents only):	Relationship	Age:	BNE Employee
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you applied before for BNE Helping Hands assistance? Yes No If YES, date applied (mm/dd/yy): _____

Referral Source: Company Intranet Co-Worker Employee Assistance Program Human Resources
 Employee Communication/Publication Manager Other Referral Source

Section II: Other Financial Assistance (Required)

Applicants must demonstrate that they have exhausted all other financial resources to meet their immediate needs prior to applying for BNE Helping Hands assistance. Please list details of financial assistance applied for and received. Do not use abbreviations.

Sought Assistance (Check those that apply)	Results	Date	Amounts
<input type="checkbox"/> Homeowner's or Renter's Insurance			\$
<input type="checkbox"/> Auto Insurance			\$
<input type="checkbox"/> Medical Insurance			\$
<input type="checkbox"/> Social Service Organization e.g. Red Cross, United Way, Crisis Assistance, Goodwill, state or local government agency			\$
<input type="checkbox"/> Federal Emergency Mgmt (FEMA)			\$
<input type="checkbox"/> Your Religious Community			\$
<input type="checkbox"/> Family Members			\$
<input type="checkbox"/> Loan Program			\$
<input type="checkbox"/> Employee Benefits			\$
<input type="checkbox"/> Other:			\$
Total			\$



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Section III: Disaster Relief Assistance (Required for Disaster Request Only)			
Instructions			
1. Check the type of Qualified Disaster that has caused a financial hardship. 2. Provide supporting documents with the application. 3. Please skip Sections IV, V, and VII of this application.			
Date of the Qualified Disaster:		Name of Event:	
Qualified Disaster (Please check)		List of Qualifying Expenses	
<input type="checkbox"/> Acts of Nature/Non-presidentially or presidentially declared disaster (e.g. floods, hurricane, tornado, ice storm, wild fires, earthquakes) Please specify: _____ <input type="checkbox"/> House fire <input type="checkbox"/> Presidentially-declared natural disaster <input type="checkbox"/> Terroristic or military action disaster <input type="checkbox"/> Disaster resulting from an accident on a common carrier <input type="checkbox"/> Any event determined by the Secretary of the Treasury to be of a catastrophic nature		<ul style="list-style-type: none"> • Food • Clothing • Evacuation Expenses • Transportation (Vehicle repairs, assistance for replacement, etc.) • Basic, essential household utilities (electric, gas, water, sewer, etc.) • Psychological Counseling • Funeral/Burial Expenses • Medical Expenses • Home Repairs/ Essential Appliances and Furnishings • Daycare/childcare expenses 	
Area of Home or Items Damaged or Destroyed <i>(Primary residence only)</i>	Qualifying Expense <i>(Please chose from the list above)</i>	Estimated Value Prior to Event	Amount Requested
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total			\$
Insurance			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Does the employee have insurance coverage to assist with the requested expenses?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the insurance company paying for the employee's immediate needs?	
<input type="checkbox"/>	<input type="checkbox"/>	Will insurance reimburse the employee for any out-of-pocket basic living expenses?	
<input type="checkbox"/>	<input type="checkbox"/>	Was the employee evacuated from his or her primary residence?	
In the space provided, please tell us anything else that would help in understanding the circumstances related to the disaster:			



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Section IV: Hardship Relief Assistance (Required for Hardship Request Only)

Instructions

1. Check the type of Hardship Event.
2. Prove the supporting documents to submit with the application.
3. Please skip **Section III** of this application.

Date of the Emergency Hardship:

Emergency Hardship (Please check)	List of Qualifying Expenses
<input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Violent/Non-violent Crime <input type="checkbox"/> Short-term illness <input type="checkbox"/> Accident <input type="checkbox"/> Death of the employee, spouse/partner or dependent <input type="checkbox"/> Denied health insurance claim <input type="checkbox"/> Spouse/partner loss of job/income (temporary) <input type="checkbox"/> Loss of child support <input type="checkbox"/> Unscheduled loss of alimony <input type="checkbox"/> Other (Please specify): _____	<ul style="list-style-type: none"> • Food • Clothing • Evacuation Expenses • Transportation (car payments, assistance with replacement, etc.) • Mortgage payments, rent • Security deposits for new property (only if unable to inhabit existing home due to hardship event) • Basic, essential household utilities (electricity, gas, water, sewer) • Short-term medical, dental, hearing or vision assistance (including reasonable travel expenses) • Psychological counseling • Funeral, travel and burial expenses • Daycare/childcare expenses

Qualifying Expense (Please chose from the list above)	Balance Due Prior to Event (For past due expenses only)	Amount Requested
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	Total	\$

In the space provide, please tell us anything else that would help in understanding the circumstances related to the financial hardship:

Section V: Short Term Disability (Required only if related to catastrophic event)

If you or your spouse/domestic partner are currently or have been on Short Term Disability (STD) related to this catastrophe, please complete the following:

STD Start Date: _____ STD End Date: _____ Date STD went to 60%: _____
 Total take home pay at 100% \$ _____ Total take home pay at 60% \$ _____



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Section VI: Personal Income (Required)

Please attach copies of most recent pay stubs for each wage earner. (For the BNE employee, please print your most recent pay stub detail and attach.)

Your annual gross salary or wages (before deductions)	\$	Prior to Qualifying Event or Hardship	After Qualifying Event or Hardship
Your spouse/partners annual gross salary or wages (before deductions)	\$		
A. Your average monthly net (after deductions)	\$	\$	\$
B. Spouse/Partner's average monthly net (after deductions)	\$	\$	\$
C. Child support income per month	\$	\$	\$
D. Social Security income per month (self and/or spouse/partner)	\$	\$	\$
E. Disability income per month (self or spouse/partner)	\$	\$	\$
F. Unemployment income per month (self or spouse/partner)	\$	\$	\$
G. Alimony per month	\$	\$	\$
H. Other income received monthly (please list):	\$	\$	\$
Total Monthly Income (Items A-H)	\$	\$	\$

Section VII: Monthly Expenses (Required for Hardship Request Only)

Please list all current monthly expenses and debts (rent/mortgage; utilities: electricity, natural gas, oil, water, phones, cable, internet; auto loans; insurance premiums; credit cards; medical bills; other loans; food; gas; childcare; etc.) If you are renting from a private landlord, you may be required to provide proof of rental payments.

Monthly Expenses	Monthly Payment	Months Past Due	Total Balance Due	Name of Creditor
Rent/Mortgage	\$		\$	
Electricity	\$		\$	
Gas/Oil for Home	\$		\$	
Water	\$		\$	
Sewer/Trash	\$		\$	
Food	\$		\$	
Transportation/Car Payment	\$		\$	
Car Insurance	\$		\$	
Car Fuel/Gas	\$		\$	
Medical Expenses	\$		\$	
Childcare/School Tuition	\$		\$	
Cell Phone	\$		\$	
Cable, Internet, Telephone	\$		\$	
Other:	\$		\$	
Other:	\$		\$	
Other:	\$		\$	
Total	\$		\$	



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Section VIII: Vendor/Creditor Payments

In most cases, if the application for assistance is approved, Foundation For The Carolinas will make grant payments in the form of a check payable to the vendors to whom the employee owes payment(s). Please provide a list of the vendor(s) who are to payment resulting from the approval of this request. Attach appropriate documentation, e.g. bills, eviction notices, invoices, estimates, etc. If you are renting from a private landlord, you may be required to provide proof of rental payments. Please disclose if you are related to the vendor.

Creditor/Vendor's Name	
Creditor/Vendor's Address	
Creditor/Vendor's Phone Number/Email/Website Address	
Applicant's Account Number	
Relationship to Creditor/Vendor	

Creditor/Vendor's Name	
Creditor/Vendor's Address	
Creditor/Vendor's Phone Number/Email/Website Address	
Applicant's Account Number	
Relationship to Creditor/Vendor	

Creditor/Vendor's Name	
Creditor/Vendor's Address	
Creditor/Vendor's Phone Number/Email/Website Address	
Applicant's Account Number	
Relationship to Creditor/Vendor	

Creditor/Vendor's Name	
Creditor/Vendor's Address	
Creditor/Vendor's Phone Number/Email/Website Address	
Applicant's Account Number	
Relationship to Creditor/Vendor	

Section IX: Agreement and Authorization

I have done everything possible to help myself before applying for this grant. I certify that the information provided in this grant application and any attachments to it is true and correct as of the date set forth below. I authorize BNE Benefits and Payroll to release information to FFTC regarding this application. My signature acknowledges and permits Foundation For The Carolinas to verify all information. This includes making appropriate contacts and disclosures with my creditors and others referenced in this application to ensure that reported information is accurate. Any intentional misrepresentation or material omission of information contained in this application or any attachments to it will result in forfeiting this grant application now and in the future and debarment from future BNE Helping Hands Fund grants. I also understand that any such action by me constitutes fraud, which may be reported to Boddie Noell Enterprises and for which I may be liable via civil or criminal action, as well as corporate corrective action up to and including discharge from employment.

Signature Required: _____ **Date:** _____

For FFTC Use Only	
Date Received	
Application Status	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrew
Grant Amount	
GE Number	