



HELP FUND GRANT INFORMATION SHEET AND INSTRUCTIONS- FOR THE CHEESECAKE FACTORY

The Hardship and Emergency Lifeline Program (HELP) Fund has been designed to provide grants for short-term, temporary financial assistance to eligible staff members who work in all of our US and Puerto Rico concepts.

To apply for a grant, the staff member should complete this application with the General Manager/Department Head or contact the General Manager/Department Head for authorization.

Please fax completed form to (844)263-7137

INFORMATION YOU SHOULD KNOW:

- HELP Fund grant applications are evaluated by the HELP Fund committee for approval
- Not all staff members who apply will receive grants, as circumstances may not be eligible according to the guidelines or funding may be limited

ELIGIBILITY REQUIREMENTS TO QUALIFY FOR A GRANT:

- Recipients must be actively employed by the Company
- You must provide documentation of the event
- You must attest that the event causes you a financial hardship
- The financial hardship must not have been caused by a work-related injury
- The financial hardship **MUST NOT** be the result of your criminal activity, negligence or poor planning

In the event a staff member applying for or receiving a grant misrepresents his or her circumstances, the Company reserves the right to exercise disciplinary action, up to and including discharge.

HELP Fund Contact Information

Email: helpfund@thecheesecakefactory.com

Phone: (818) 880-5791

Fax:(844)263-7137



Type or Print Neatly

APPLICANT'S PERSONAL INFORMATION

DATE _____

Last _____ First _____ M.I. _____

EIN# (TMX) _____ Best Contact Phone Number: _____

E-mail Address: _____

Address _____

City _____ State _____ Zip _____

Restaurant (Location name and restaurant #) _____

GM/Corp Department Head name _____

Combined family pre-disaster gross monthly income: \$ _____

I am requesting the following amount for the following grant type (CHOOSE ONE):

Mark an X to make selection	Grant Amount	Grant Type	Definition
	Up to \$2,500.00	Housing Disaster	Urgent or extraordinary expenses as a result of a catastrophe, natural disaster or accident to a primary residence to include "Qualified Disasters", as defined in sections 139(c)(1), (2) and (3) of the IRS Code
	Up to \$1,000.00	Death of Immediate Family Member*	Expenses related to a death in a staff member's immediate family member. Only current spouse, child or staff member's own parent qualifies as immediate family members. Grants are intended for travel and funeral-related expenses.
	Up to \$1,000.00	Death of a Staff Member (Restaurant Only)	In the case of a staff member's own death, grants are issued directly to a service provider for funeral-related expenses.
	Up to \$1,000.00	Basic Needs	Financial hardship grant to provide for basic needs such as shelter, food, utilities and/or childcare when a staff member is unable to work or meet these basic needs due to an unexpected emergency situation. Ongoing medical expenses will generally not be considered for grants.



Describe in detail the nature of the event and why it creates a financial hardship for you (details should include the date of the event).

*If application is for Death of an Immediate Family Member, I am fully or partially responsible for funeral related costs for the above individual (Check one).

Yes No N/A - I am not applying for Death of an Immediate Family Member grant

*If application is for Death of an Immediate Family Member, please indicate the following:

- 1) Name and relationship of deceased (i.e., Jane Doe, Mother)
- 2) Name, address, and phone number of the funeral home/mortuary that will be providing the burial/memorial services for your loved one.

Have you previously received a **HELP** Fund grant? Yes No If yes, when? _____

Please attach documentation of the event to include police reports, photos, newspaper articles, death notice, related bills, eviction notice, etc.

Note: Applications that do not have documentation are not able to be processed until documentation is received. Please speak to your GM if you have any questions.

DECLARATION:

By signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information is true and correct. I agree that sources may be contacted to verify information contained in this application and that The Cheesecake Factory may use content from my application for future marketing purposes. I understand that if the event I am applying for or receiving a grant for misrepresents my circumstances, the Company reserves the right to exercise disciplinary action, up to and including discharge. **Additionally, I authorize United Charitable and The Cheesecake Factory to disclose any confidential and/or financial information to the HELP Fund Committee as it pertains to the above event.**

Staff Member signature _____ Date _____

GM signature _____ Date _____