

# *Giving Fund Application Form*

To: <b>GIVING FUND COMMITTEE</b>	Date:
From:	
Restaurant Name/Restaurant Number:	
Requestor (TM) Name:	
Recipient Name:	
Address:	
City	State      Zip
Telephone Number:	
Recipient's relationship to Team Member:	
Type of catastrophic event or emergency hardship:	
<input type="checkbox"/> Death <input type="checkbox"/> Accident/Injury/Illness <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Aid & Assistance <input type="checkbox"/> Other	
Financial Assistance Amount: <b>\$</b>	
Explanation of Need:	
<i>(Attach additional sheet if necessary)</i>	

Attach documentation of catastrophic event and related loss. Preferred documentation is in the form of third party documents used for other purposes (e.g. police reports and receipts).

**FAX TO: 720-493-2724**  
**EMAIL TO: [Foundation@redrobin.com](mailto:Foundation@redrobin.com)**

- Funds are distributed by separate check and are nontaxable. Documentation will be required.
- Requests for funds must be made on this Application Form.
- Money contributed to the Red Robin Foundation Giving Fund is non-refundable.
- The Giving Fund Committee is authorized to determine the disbursement of the funds.
- The Team Member must be employed at the time of the request for funding to be authorized.
- All Team Members are eligible to receive funds. No preference is given to Team Members who contribute to the Giving Fund.
- All requests will be kept confidential.
- All requests will be handled within seven days of monthly Giving Fund Committee meetings.

### Approval (required)

GM/Supervisor Name:
GM/Supervisor Signature :
GM/Supervisor Comments:



## A TEAM MEMBER EMERGENCY FUND

**BY TEAM MEMBERS**  
*For Team Members*

### *Red Robin Foundation Giving Fund*

Red Robin Gourmet Burgers  
 6312 S Fiddlers Green Circle, Suite 200N  
 Greenwood Village, CO 80111

## Mission

The primary purpose of the Red Robin Foundation Giving Fund is to provide assistance to Red Robin Team Members (Team Members) who have a sudden financial emergency due to a catastrophic event or emergency hardship.

## Fund Covers

Team Members and their immediate family members (immediate family members will include spouse and children).

## Submitting Requests

- All requests must be made to the Committee Chairperson via a General Manager, Regional Director, or Supervisor on the Application Form (see reverse side of brochure). Applications must be complete and legible, and documentation is required.
- All requests and supporting documentation must be submitted within 4-months from the date of the catastrophic event or emergency hardship to be eligible for assistance.
- All requests will be handled within seven days of the monthly Giving Fund Committee meeting, provided all required documentation has been received.
- Funds are distributed by separate check and are nontaxable.

## What The Giving Fund Covers

The recipient must be in need of assistance as a result of a catastrophic event or emergency hardship that is:

1. **Identifiable** – the event must be described in detail in the application;
2. **Damaging to property/person** – a loss of life, health or property must occur;

3. **Sudden** – the event must be swift and precipitous, not gradual or progressive;
4. **Unexpected** – the event must be unanticipated, unforeseen, unintended and unplanned, an ordinary, anticipated event caused by deliberate intent will not qualify; and
5. **Unusual** – the event must be extraordinary and nonrecurring, it cannot normally occur in the ordinary course of day-to-day living, it should also be an event that is not normally covered by insurance or, if it is covered by insurance, it should result in a need that exceeds all available insurance benefits.

**Examples – qualifying catastrophic events include, but are not limited to the following:**

- Funeral expenses upon the death of a Team Member or a member of his or her immediate family;
- Urgent medical and dental expenses (including related expenses for travel to obtain medical care) that are not covered by insurance;
- Emergency housing expenses to prevent or following eviction;
- Property casualty loss of home or contents due to a catastrophic event that is not covered by insurance; and
- Unexpected loss or damage to vehicle or other mode of transportation that prevents a Team Member from working;

Authorization to release funds requires a minimum of three Committee Members voting on each request.

## Limit Of Assistance

- The maximum request per catastrophe is \$5,000 per Team Member.
- There must be adequate funds available in the Giving Fund for a request to be granted.

## Funding

Contributions to the Giving Fund are tax deductible as contributions to the Red Robin Foundation, a public charity exempt from taxation under Section 501(c)(3) of the Internal Revenue Code.

Each Team Member wishing to donate to the Giving Fund will authorize a minimum of \$1.00 to be deducted from each paycheck. No contribution is required as a prerequisite to eligibility. Contact a General Manager or supervisor, for a Giving Fund Payroll Deduction Authorization form. Donations will also be accepted from individuals who are not Team Members.

## Prioritizing of Fund Allocation

1. **Death**
2. **Accident/Injury/Illness**
3. **Emergency Shelter**
4. **Aid and Assistance**

## Giving Fund Committee

The Giving Fund Committee consists of at least 5 members selected and approved by the Board of Directors of the Red Robin Foundation, and will include at least one General Manager and one Corporate Support Team Member. The Giving Fund Committee meets monthly and, if circumstances require, may call a special meeting.

