

Carrols Cares



This program was created through the Carrols charitable contributions charter to provide financial assistance to employees of Carrols Restaurant Group, Inc. Monies will be allocated to employees to assist with the immediate, short-term needs of individuals who may be victims of disasters or other emergency hardship situations and large-scale events, as well as emergency hardship caused by illness, death, accident, violent crime or other types of personal injury. Allocation of funds are not intended to replace personal or homeowners insurance, federal disaster relief or other types of aid, but rather to assist on an immediate and short-term basis when other sources of assistance are not available. You are responsible for paying all associated income taxes. Please note that we ask the employees to be employed with us for 90 days.

Please complete the information below:

Section I: Employee Information (Must be Completed)

Employee's Name: _____ E-mail Address: _____

Home Address: _____ City _____

State _____ Postal Code _____

Employee ID: _____ Home Phone: _____ Cell Phone: _____

Restaurant Number: _____ Date of Hire: _____ Position: _____

Section II: Request for Financial Assistance (Must be Completed – Continue on Separate Sheet if Necessary)

Hardship Category: Natural Disaster Fire Illness Death Accident Crime Other

(Please specify): _____

Amount Requested: US \$ _____ Entity Payable to: _____

Please describe the hardship situation.

Please describe in detail (i) the need and (ii) what the funds will be used for:

Please attach supporting documentation (for example, funeral home invoice, police report, medical bills, and monthly living expenses)

Section III: Other Assistance (Must Be Completed)

Have you requested any other support or assistance for this emergency situation (examples include other charitable or religious organizations, insurance, government aid programs or other federal, state or local assistance)?

Yes No If not, please explain why: _____

If you requested other support or assistance, was it granted? Yes No

If so, please specify total amount(s). _____

If any request was denied, please give reason for denial: _____

I consent to the processing of my personal data contained in this Application for verification purposes and the potential disbursement monies. I further certify that the information contained in this Application is true and correct.

By accepting a monetary gift, I agree to provide copies of the following materials if requested: receipts demonstrating the emergency hardship, my expenditure.

Signature

Date

Submit completed applications to:

e-mail to:

carrolscares@carrols.com

Fax to:

315-800-6510

Send to:

Carrols Corporation
Attn: Charitable Contribution Committee
968 James Street
Syracuse, NY 13203

OFFICE USE ONLY:

Date Received: _____

Committee Decision: _____

Amount Approved (if applicable): US\$ _____

Committee Member Signature of Approval: _____