



GRANT APPLICATION FOR FINANCIAL ASSISTANCE

FamilyHope, funded almost entirely by Family Dollar Team Members, assists Family Dollar Team Members who have experienced financial hardship as a result of a qualifying, natural disaster or other qualifying, emergency hardship that leaves the Team Member unable to provide for the basic necessities of life.

- **Qualifying disasters** include: natural disasters such as hurricanes, tornados, earthquakes and floods; personal disasters such as house fires; terrorist attacks; or any other event officially declared a disaster by the federal government.
- **Qualifying hardships** include: the death of the Team Member or of a Team Member's spouse/partner or dependent; the loss of employment or income by a spouse/partner; the temporary loss of employment or income by a spouse/partner; the unexpected loss of child support or unscheduled loss of alimony by a Team Member. **Hardship events must occur on or after November 1, 2011, to qualify the Team Member for assistance.** *Certain charitable income guidelines apply.*

An applicant for assistance from the **FamilyHope** Fund must have been an active Family Dollar Team Member for at least 90 days immediately prior to the qualifying event. Team members on leave with pay, whether on short-term disability or paid-time off, are also eligible to apply, provided they have been a Family Dollar Team Member for at least 90 days immediately prior to the qualifying event.

Applicants who have been employed with Family Dollar, Inc., less than 90 days prior to the qualifying event may apply for assistance with expenses related to the qualifying event that have occurred on or before October 31, 2011. Said applications must be submitted no later than December 31, 2011.

Contractors, temporary employees, retirees or those on unpaid leave or long-term disability are not eligible to apply for assistance from **FamilyHope**.

The maximum **FamilyHope** grant is \$5,000. Up to the \$5000 limit, grant amounts will vary based upon the nature of the event and related expenses. In most circumstances, grants are made in the form of check(s) payable to the vendor(s) to whom the Team Member owes payment.

The FamilyHope grant selection process is administered by the Foundation for the Carolinas (FFTC). The FFTC is a community foundation that provides corporate philanthropic services, including the administration of disaster and hardship relief programs. Although the FFTC is based in North Carolina, eligible Family Dollar Team Members are able to apply regardless of their 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.



GRANT APPLICATION FOR FINANCIAL ASSISTANCE

Applicants for assistance from the **FamilyHope** Fund are required to submit documents in support of their applications, including:

- Their most recent pay stub,
- Police or fire reports,
- Lodging receipts (in the case of evacuation),
- Repair estimates on vendor letterhead.

Only completed applications will be reviewed. Incomplete applications will be held for 30 days after submission. After 30 days, applicants will be required to re-apply with supporting documents.

NOTE: Applications must be submitted for review within one year of the qualifying event, with the exception of qualifying events occurring before October 31, 2011, for which applications must be submitted no later than December 31, 2011.

A completed and signed application with supporting documentation (listed above) may be submitted via one of the following methods:

1. U.S. mail to Foundation For The Carolinas, 220 North Tryon Street, Charlotte, NC 28202
2. Fax #704.973.4948
3. Email to FamilyHope@fftc.org

If you have questions regarding the application submission process, you may contact the **FamilyHope** Fund Program Coordinator toll-free at 1.877.326.4673 or in Charlotte at 704.973-4548.



GRANT APPLICATION FOR FINANCIAL ASSISTANCE

Qualifying Events and Expenses

Qualifying events and expenses generally include the following (without limitation), provided that the qualifying event directly affects the Family Dollar Team Member and his or her immediate family as otherwise required:

Qualifying Disasters	Qualifying Expenses
<ul style="list-style-type: none"> • Acts of nature/non-presidentially-declared disasters (e.g., floods, hurricanes, tornados, ice storms, wild fires, earthquakes); • Presidentially-declared natural disasters; • House fires; • Disasters resulting from terrorist or military action; • Disasters resulting from accidents on common carriers; • Events determined by the U.S. Secretary of the Treasury to be of a catastrophic nature. 	<ul style="list-style-type: none"> • Food; • Clothing; • Housing, including: reasonable repairs, property taxes, homeowner’s dues, mortgage payments, rent, essential appliances and furnishings, security deposits (e.g., for a new apartment if the Team Member is unable to inhabit his/her existing home due to a disaster, domestic abuse, etc.), or adaptive improvements related to the disaster or hardship (e.g., installation of a wheelchair ramp); • Essential household utilities—electric, gas, water and sewer; • 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 and to the extent not otherwise specifically excluded; • Reasonable evacuation expenses resulting from a disaster (specific expense categories and amounts to be determined at the time of the applicable disaster).
Qualifying Emergency Hardships	
<ul style="list-style-type: none"> • The unexpected death of a Family Dollar Team Member, spouse/partner or dependent; • The unexpected loss of employment/income (temporary) by a spouse/partner; • The unanticipated loss of child support; • The unscheduled loss of alimony. 	



GRANT APPLICATION FOR FINANCIAL ASSISTANCE

Non-qualifying Events and Expenses

Losses as a result of the following events or circumstances are not generally eligible for **FamilyHope** relief.

Non-qualifying Events	Non-qualifying Expenses
<ul style="list-style-type: none"> • Loss of Team Member’s own income • Scheduled, or reasonably anticipated loss of alimony • Scheduled, or reasonably anticipated loss of child support • Short-term or long-term illness/disability • Elective or preventive medical procedures • Divorce • Child custody dispute • Incarceration • Accidents caused by the Team Member’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 • Domestic or physical abuse • Commission of a violent or non-violent crime • Denial of health insurance claims 	<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 • Insurance co-pays, premiums or deductibles or items covered, or to be reimbursed, by insurance • Credit card debt or “pay day” loans • Private school tuition or higher education tuition • Team Member benefits during waiting periods for coverage • Expenses associated with divorce or child custody settlements • Funeral, travel and burial expenses upon the death of a Team Member or a Team Member’s spouse/partner or dependents • Short-term or long-term medical, dental, hearing or vision assistance (including reasonable travel expenses), to the extent not otherwise specifically excluded • Psychological counseling deemed by a physician to be necessary following a disaster or hardship • Daycare/childcare expenses



GRANT APPLICATION FOR FINANCIAL ASSISTANCE

Section I: Team Member Information (Required)

Last Name: _____ First Name: _____ Middle Initial: _____
 Team Member ID: _____ Hire Date: _____ # Hours Scheduled: _____
 Job Title: _____ Department: _____
 Manager's Name: _____ Manager's Phone: _____
 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	Family Dollar Team Member
_____	_____	_____	<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 **FamilyHope** assistance? Yes No If YES, date applied (mm/dd/yy): _____

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 **FamilyHope** 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"/> Religious organization			\$
<input type="checkbox"/> Family members			\$
<input type="checkbox"/> Loan program (e.g., 401K, bank, personal)			\$
<input type="checkbox"/> Team Member benefits			\$
<input type="checkbox"/> Other:			\$
Total			\$



GRANT APPLICATION FOR FINANCIAL ASSISTANCE

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

Instructions

1. Check the type of hardship event.
2. Provide the required supporting documents.
3. Please skip **Section III** of this application.

Date of the Emergency Hardship:

Emergency Hardship (Please check)	List of Qualifying Expenses
<input type="checkbox"/> Death of Family Dollar Team Member, spouse/partner or dependent <input type="checkbox"/> Spouse/partner's loss of employment/income (temporary) <input type="checkbox"/> Unscheduled 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 • Essential household utilities—electricity, gas, water, sewer • 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)

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

In the space provided, please tell us anything else that would help us understand your circumstances as a result of your financial hardship:



GRANT APPLICATION FOR FINANCIAL ASSISTANCE

Section V: Personal Income (Required)

Please attach copies of most recent pay stubs for each wage earner.

Applicant's annual gross salary or wages (<i>before</i> deductions)	\$	Prior to Qualifying Event or Hardship	After Qualifying Event or Hardship
Applicant's spouse/partner's annual gross salary or wages (<i>before</i> deductions)	\$		
A. Applicant's average monthly net (<i>after</i> deductions)	\$	\$	\$
B. Applicant's spouse/partner's average monthly net (<i>after</i> deductions)	\$	\$	\$
C. Applicant's child support income per month	\$	\$	\$
D. Applicant's and/or spouse/partner's social security income per month	\$	\$	\$
E. Applicant's and/or spouse/partner's disability income per month	\$	\$	\$
F. Applicant's and/or spouse/partner's unemployment income per month	\$	\$	\$
G. Applicant's alimony per month	\$	\$	\$
H. Other income per month (<i>please list</i>):	\$	\$	\$
Total Monthly Income (Items A-H)	\$	\$	\$

Section VI: Monthly Expenses (Required for Hardship Requests 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:	\$		\$	
Total	\$		\$	



GRANT APPLICATION FOR FINANCIAL ASSISTANCE

Section VII: Vendor/Creditor Payments

In most cases, if the application for assistance is approved, the Foundation for the Carolinas will make grant payments in the form of checks payable to the vendors to whom the Team Member owes payment(s). Please provide a list of the vendor(s) who are to be paid if your application is approved. 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 note that you are required to disclose any familial relationships with vendors.

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 VIII: 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 Family Dollar Benefits and Payroll to release information to the FFTC regarding this application. My signature acknowledges and permits the Foundation for the Carolinas to verify all information. Verification includes obtaining appropriate verifying information from my creditors and others referenced in this application. Any intentional misrepresentation or material omission of information in making this application or any attachments to it will result in the forfeiture of **FamilyHope** assistance now and in the future. I understand that any such misrepresentation or omission by me constitutes fraud, which may be reported to Family Dollar and for which I may be criminally liable.

Signature (Required): _____ **Date:** _____

For FFTC Office Use Only			
Date received			
Date reviewed by FFTC Committee			
Application status	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Withdrawn
GE number		Grant Amount	\$