

EMPLOYEE RELIEF FUND

WinnCompanies

ABOUT THE FUND

The Winn Employee Relief Fund, Inc. (the "Fund") was created to provide monetary support to eligible employees of Winn Management Group, LLC and its affiliates (collectively, "WinnCompanies") in urgent need as a result of a qualified disaster or emergency hardships as defined below. The Fund is intended to qualify for exemption from taxation pursuant to Section 501(c)(3) of the Internal Revenue Code as a public charity and shall be administered in accordance with the relevant requirements for public charities.

- Accident or injury
- Illness
- Death of immediate family member
- Natural or civil disaster or other catastrophic or emergency event
- Unusual medical expenses caused by severe illness or accident that are not covered by insurance
- Uninsured losses caused by fire, crime, flood or other disasters
- Unusual expenses for the care of a disabled dependent that are not covered by insurance
- Other sudden, unexpected, and adverse event that has happened to a team member or their immediate family

WHO CAN APPLY

Eligible employees include regular employees of WinnCompanies working on a full-time or part-time basis who have completed 90 days of service with WinnCompanies. Employees on an approved Leave of Absence may also qualify.

HOW THE FUND WORKS

- All applicants are reviewed by the Winn Employee Hardship Fund Committee (the "Committee") to determine eligibility.
- Applicants need not be financially destitute to apply but must lack the resources to provide necessities at the time of the grant.
- Applicants may receive financial assistance of a maximum of \$3,000 per household per calendar year.
- Grant Distributions will be non-taxable and made directly to employees Primary Bank account set up in Dayforce. **Recipients will be required to provide documentation that the funds were used to pay the invoice that resulted in the Hardship Fund.**

HOW THE FUND WORKS

- Financial assistance grants are at the sole and absolute discretion of the Committee. While an applicant may meet the criteria for receiving assistance it is not a guarantee that the assistance will be given. When considering an application for financial assistance, the Committee will consider not only the applicant's individual circumstances, but also the overall public purposes of the Fund and the resource available to it. An applicant who is denied assistance from the Fund will be notified, However, the Committee has no obligation to state the reasons for the denial.
- If a recipient of assistance chooses to reimburse the Fund, that reimbursement will be credited against the \$3,000 annual limit.
- If it is discovered that the recipient has received monies from the Fund through misrepresentation or fraud, or spent monies for unauthorized purposes, that recipient will be barred from receiving any funds in the future and will be required to repay all or a portion of the grant. Any company employee may be subject to potential disciplinary action, including discharge from employment, if he or she engages in fraud or intentional misrepresentation in connection with any grant.
- The Fund is intended to qualify for exemption from federal income taxation pursuant to Section 501(c)(3) of the Internal Revenue Code as a public charity and shall be administered in accordance with the requirements.
- The actual guidelines used by the Committee to determine if an applicant will receive financial assistance from the fund are available upon request.
- **Hawaii Team Members: If you do not have a WinnCompanies Vendor Number, please include a completed W9 with your application so that we are able to provide you with assistance.**

HOW TO APPLY

If you believe that you qualify, complete ALL sections, sign and date the form.

The form can be mailed to:

Winn Employee Relief Fund
Attention: Hardship Fund Committee
One Washington Mall, Suite 500
Boston, MA 02109

or emailed to:

info@winnrelief.org

Once received, the Committee's goal is to contact each applicant within four (4) business days.

SECTION 1:

General Information

Last Name	First Name	M.I.
Position with WinnCompanies		Employee ID Number
Date of Hire at WinnCompanies		Best Phone Number to Reach You

SECTION 2:

Disaster or Emergency Hardship Situation

Describe the emergency hardship situation that has caused your need for short term financial assistance. Please include specific details, dates and the timeline of what happened up to your current situation.

Lined area for text entry.

SECTION 3:

Assistance Required

List the amount of financial assistance you are requesting, what it would be used for, and how you feel the Winn Employee Relief Fund can provide the best support. **Please attach all supporting documentation to substantiate your request (i.e. Eviction Notice, Medical Bill etc.).**

SECTION 4:**Waivers**

I have read and understand the entire Hardship Fund Application. I understand that if I have questions, I may talk with a Committee Member once I have been contacted. I may also request a copy of the guidelines from said Committee Member.

I understand that all grants of financial assistance will be made in the sole discretion of the Committee and there is no guarantee or right to assistance from the Fund even if I meet the criteria of the program guidelines. I understand that the Committee must consider not only my situation but the overall public purpose of the Fund and the resources available to it when reviewing my request for assistance.

By requesting assistance from the Fund, I hereby release the Fund and Winn and all its subsidiaries and all their directors, officers and employees, including all Committee Members, from any and all liability that could arise due to my request for assistance and the provision or denial of assistance.

The Committee intends to keep all information contained in the Application confidential, however, I understand that my application may be reviewed and discussed by all members of the Committee. I consent to such disclosure to Committee Members, the Board of Directors of the Fund, and anyone providing them with administrative or other assistance in carrying out their duties. Also, I release each Committee Member, the Fund, Winn and all its subsidiaries, and their directors, officers and employees from any and all liability on account of any disclosure to any person of any information contained in this Application.

I represent that the information provided in this application is true, complete and accurate, I understand that if I am found to have misrepresented any information in this application, then I will forever be barred from receiving future assistance from the Fund and that I may be liable for any damages to the Fund. I may also be subject to any disciplinary action, including job termination, on account of any wrongdoing in connection with the application for funds or any improper use of grant monies.

Date

Applicant Signature