



Application Prep Pack

This packet contains information needed to apply for the BGC Partners Care Fund.

This is NOT the application.

To begin the application process:

Review this Preparation Pack, along with the FAQ's and Direct Grant Quick Test.

Step 1

A Sponsor Acknowledgement form must be completed by the Store Director (Retail) or Director & Up (Retail Support) to initiate a grant request for a partner.

Step 2

After the Sponsor Acknowledgment Form is completed by the appropriate leader, the partner should receive an email with a link to the Direct Grant Application. Anyone who does not receive the link should contact PartnersCareFund@brookshires.com, or call BGC's Partners Support Hotline at 800-825-4536, Option 7.

BGC PARTNERS CARE FUND

Direct Grant Application Prep Pack

To be eligible for a grant, a partner must be employed with BGC for at least 6 months, provide verification of *both* a **qualifying event** and **qualifying expenses**. The partner must also meet the requirements for financial need and must successfully complete the application process. The qualifying event typically must have occurred within the past 90 days and during the partner’s employment with BGC. Guidelines have been put into place and will be upheld to ensure partners’ contributions are used responsibly. The chart below lists the basic criteria for a BGC Partners Care Fund Direct Grant. This is the simplest way to determine whether your hardship qualifies for a Direct Grant. The criteria and Direct Grant

ONLY applies to a partner, their spouse or legal dependents. If your particular situation or circumstances are not in this chart; you probably will not qualify to receive assistance through a Direct Grant. Direct Grants are applicable only when there is an exhibited financial need. It is possible to have a **qualifying event** AND a **qualifying expense** and still not meet the eligibility for a Direct Grant because you have the financial means to pay the expense you are requesting assistance with. Direct questions can be emailed to **PartnersCareFund@brookshires.com**, or call **BGC’s Partners Support Hotline at 800-825-4536, Option 7.**

Qualifying Event	Qualifying Expense Caused by Qualifying Event
<p>SERIOUS ILLNESS OR INJURY Recent serious illness or injury of the partner, spouse, minor child or legal dependent, typically within the past 90 days.</p>	<ul style="list-style-type: none"> • Past due rent or mortgage • Past due basic utilities • Necessary home modifications to make home handicap accessible. • Required Supporting Documentation listed in following section
<p>DEATH Recent death of the partner or immediate family member living in the same household, typically within the past 90 days.</p>	<ul style="list-style-type: none"> • <u>Essential</u> funeral expenses for deceased partner, spouse, minor child or legal dependent ONLY. Most recent income tax return listing deceased as a dependent is required. • Past due rent or mortgage • Past due basic utilities • Travel expenses to funeral for parent, sibling, child ONLY*** • Required Supporting Documentation listed in following section

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Qualifying Event	Qualifying Expense Caused by Qualifying Event
<p>NATURAL DISASTER OR FIRE These include hurricane, tornado, flood, ice/windstorm affecting partner's primary residence.</p>	<ul style="list-style-type: none"> • Security deposit to move into a new residence. • Utility deposit to connect basic utilities at a new residence. • Uninsured/under-insured necessary home repairs • Homeowners' insurance deductibles* • Past due rent or mortgage • Past due basic utilities • Clothing** • Required Supporting Documentation listed in following section.
<p>OTHER Discretionary assistance will now be considered for critical circumstances, up to a maximum of \$2,000. Examples include emergency medical care for a partner, transportation for partner's primary vehicle, if not covered by insurance, and relocation for a partner permanently leaving a domestic abuse situation (will need to present official police report and restraining order).</p>	

While the qualifiers for events and expenses will serve as a guide, assistance is never guaranteed. A completed application does not guarantee assistance will be awarded. Partners will be required to provide a significant degree of supporting documentation before assistance is considered. All applications will be carefully vetted to ensure partners' donations to the BGC Partners Care Fund are awarded responsibly. The BGC Partners Care Fund, a 501 (c) 3 nonprofit, will administer the Fund according to the BGC Partners Care Fund guidelines approved by the Company.

* Covered only after demonstrated need. Direct Grant maximum: up to \$5,000 based on volume of contributions and requests for assistance.

** May be considered under all eligible circumstances, but eligibility will be determined on a case-by-case basis.

*** Airfare, train fare, bus fare, mileage per diem for travel over 200 miles one-way.

**** A partner must be currently employed by Brookshire Grocery Company at the time of qualifying incident, when application is submitted/received, and when assistance is provided by the Fund.

Direct Grant Application Prep Pack

Information necessary to complete a Direct Grant application

To ensure prompt processing of a Direct Grant, you must have electronic copies of the required completed forms and supporting documentation before visiting with your Director or VP to begin the application process. **The application is not complete until all supporting documentation is received by the BGC Partners Care Fund administration team.**

ALL APPLICATIONS REQUIRE:

1. **Personal Statement (included in this packet).**
2. **Financial Worksheet (included in packet)**
3. **Proof of qualifying event causing the financial need, for instance:**
 - Doctor's note/LOA
 - Death certificate
 - Fire/police report
 - Photos of damage
4. **Electronic uploads of bills partner are seeking assistance for, such as:**
 - Past Due rent/mortgage statement
 - Past due basic utilities (electric, gas, water/sewer only)
 - Funeral expense statement

Other documentation is required to complete the application. This list is in no way a comprehensive list of documents required. Below is a list of basic requirements based on the qualifying event. However, once the application has been received, additional information not included on this list may be required. BGC Partners Care Fund will inform the applicant and their Director or VP via email and phone to request additional information. **Prompt attention to the request for additional information is appreciated and will allow the application process to continue.**

- **Only partners seeking help with establishing a new or temporary residence must submit a "New Landlord Statement/Temporary Hotel Statement (included in packet).**
 - This document applies to partners requesting assistance with moving costs into a new rental residence OR with a temporary hotel stay due to a qualifying event.
- Partners seeking help with past due rent, mortgage or basic utilities are **REQUIRED** to submit copies of these past due bills.
 - ORIGINAL documents are required.

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- **Serious illness or injury** - Partners seeking assistance based on an illness or injury are **REQUIRED** to provide documentation of the medical circumstance. This can be documented in the following ways:
 - If a partner has successfully completed and submitted a Medical LOA form or FMLA form to BGC's Benefits department, the BGC Partners Care Fund administrators should be able to see that documentation through Benefits records.
 - If a partner DID NOT successfully complete and submit a Medical LOA form or FMLA form to HR, documentation of the dates the partner was unable to work must be provided through a doctor's note. Otherwise, proof of the medical expenses paid must be provided through PAID medical receipts (NOT medical bills/statements) or documentation of UNPAID time off from work due to medical reasons.

NOTE: BGC Partners Care Fund does not require details on diagnosis. We simply need appropriate documentation noting the partner is unable to work during a particular timeframe based on professional medical instruction.

- **Death** - Partners seeking assistance with funeral expenses are **REQUIRED** to submit a copy of the itemized funeral expense statement.
 - Partners seeking help with transportation costs to travel to a funeral of a parent, child or sibling must provide proof of the death of their relative (death certificate, obituary, etc.), as well as proof of the cost of transportation to/from the funeral.
- **Natural Disaster** - Partners seeking assistance due to a natural disaster are **REQUIRED** to submit proof of the natural disaster (e.g., insurance report, insurance documents).
 - A partner who needs help covering the cost of repairs **MUST PROVIDE** proof of the amount needed to make repairs (e.g., contractor's quote) and insurance decision (e.g., amount awarded by insurance or denial of coverage).
- **Fire** - Partners seeking help due to a fire are **REQUIRED** to submit a fire report or insurance documents supporting the incident.
 - If the partner is seeking help paying for repairs, they **MUST PROVIDE** proof of the amount needed to make repairs (e.g., contractor's quote) and insurance decision (e.g., amount awarded by insurance or denial of coverage).
 - If the partner is seeking help with paying the insurance deductible, they **MUST PROVIDE** proof of the amount of the deductible (e.g., letter from insurance company, current insurance declaration page).

IF AFTER CAREFUL REVIEW OF THESE GUIDELINES, YOU BELIEVE YOU MEET THE ELIGIBILITY REQUIREMENTS FOR ASSISTANCE, PLEASE REACH OUT TO YOUR STORE DIRECTOR (RETAIL) OR DIRECTOR & UP (RETAIL SUPPORT) TO INITIATE A GRANT REQUEST.