

 <p>COMPANY-WIDE POLICY AND PROCEDURE MANUAL</p>	<p>SECTION: 7:00 MICELLANEOUS</p> <p>POLICY: 7:19</p> <p>PAGE: 1 of 8</p>
<p>TITLE: STAR FUND</p>	<p>Created: 07/27/2022</p> <p>Reviewed By: President &CEO</p> <p>Approved Date: 11/02/2022</p> <p>Revised:</p>

The **STAR Fund** was established to help Team Members offset expenses in cases of unexpected and catastrophic life event in which they are facing severe financial hardship where all other sources of funding have been exhausted.

When being considered for the STAR Funding, qualifying emergencies do not include circumstances that involve providing assistance to pay for debt consolidation, litigation, poor financial planning, non-essential items (e.g., cable TV, credit card payments, expenses related to vehicles, etc.), bail, garnishments, or other expenses deriving from non-emergency situations.

The STAR Fund does not cover requests for medical assistance (except for the purchase or replacement of medically necessary equipment), fuel costs for vehicle or home heating use, or any situation not based on one-time, non-recurring incident.

Eligibility Requirements

- I am an active employee of Schmidt Family Restaurant Group Wendy’s or Buffalo Wild Wings in Ohio, West Virginia, Kentucky, or North Carolina.
- **Relocation Assistance (RAP) and Eviction Prevention events ONLY:** I have been an active employee at Schmidt Family Restaurant Group for **at least 90 days**.
- **Eviction Prevention:** The employee must be listed on the lease/rental agreement.
- I have exhausted all other appropriate means of assistance.
- The hardship
 - Is unexpected and beyond my control
 - Is damaging to property or individuals, and results in loss of life, health, or property.
- Provide relevant documentation prepared by a third party (see below for required documentation)
- Please note in most cases money will be paid directly to the entity that is owed).

*These are general eligibility guidelines. For more detailed information about applying for a STAR grant, refer to the **Frequently Asked Questions (FAQ)** document or contact the STAR FUND Admin Team. Guidelines are subject to change without notice.*

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Events Eligible for Assistance

Total Loss of Home

Eligible Event Team Members home is destroyed or deemed unlivable by a governmental agency and alternate housing is not available. For instance, of natural disaster, see appropriate guidelines.

Amount In no event shall financial assistance to an employee be greater than \$5,000 in a (12) month period. Additionally, an employee may not receive more than two grants in a (12) month period. (Food, clothing, personal hygiene items, etc.)

Required Documentation A copy of official report or notification, photographs, insurance claim, receipts for essential items and/or lodging receipts or summary with estimated cost.

Transitional Housing Assistance

Eligible Event Physical or sexual abuse of Team Member or Team Member’s dependent(s) resulting in Team Member’s need to relocate his/her personal residence to avoid continued abuse.

Amount In no event shall financial assistance to an employee be greater than \$5,000 in a (12) month period. Additionally, an employee may not receive more than two grants in a (12) month period. (Temporary housing, deposits, etc.)

Required Documentation A police report or case number, or a statement from attending physician; receipts or confirmations for temporary housing; deposit on new residence or letter from landlord statement deposits required to secure housing.

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Relocation Assistance

Please note: *If approved for Relocation Assistance, the employee must be listed on the lease agreement of the housing they are relocating to.*

Eligible Event **Transitional Housing to Permanent Housing:** A Team Member is currently living in a shelter or in their vehicle; A Team Member is transitioning from a Sober Living Facility to permanent housing; A Team Member is transitioning from work-release facility, county facility or halfway house

Amount Grant amounts dependent upon geographical region. See downloadable Eligibility Guidelines for more information. **Please note:** *If approved for a relocation assistance grant, the money will be paid directly to the landlord.*

Required Documentation Final eviction or foreclosure notice and documentation showing amount needed to move into new living situation; any deposit, first month and/or last month’s rent required.

Eligible Event **Displacement due to unforeseen sale or foreclosure of rental property initiated by a third party;** Team Member is forced to find a new living situation in 90 days or less due to the unforeseen sale or foreclosure of rental property initiated by a third party.

Amount

- Ohio Market – Up to –\$5,000
- KY Market – Up to - \$5,000
- WV Market – Up to – \$5,000
- NC Market – Up to – \$5,000

Please note: *If approved for a relocation assistance grant, the money will be paid directly to the landlord.*

Required Documentation A letter from landlord, notice of foreclosure, notice of sale, and documentation showing amount needed to move into new living situation – including any deposit, first month and/or last month’s rent required.

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Relocation Assistance (cont.)

Eligible Event **Displacement or impending displacement due to unexpected events;**
 Team Member has received a final notice of eviction or foreclosure of home directly caused by an unexpected event or events outside the control of the Team Member resulting in financial hardship. An “unexpected event” could be, but is not limited to, loss of a household income due to the death, disability, medical reasons, or loss of work of a household financial supporter.

Amount Grant amounts dependent upon geographical region. See downloadable Eligibility Guidelines for more information. **Please note:** *If approved for a relocation assistance grant, the money will be paid directly to the landlord.*

Required Documentation Final eviction or foreclosure notice and documentation that supports the unexpected event or events and documentation showing amount needed to move into new living situation; any deposit, first month and/or last month’s rent required.

Eviction Prevention

Please note: *To be eligible for the Eviction Prevention grant, the Team Member must be listed on the lease/rental agreement. Please note: If approved for eviction prevention assistance grant, the money will be paid directly to the landlord.*

Amount

- Ohio Market – Up to – \$5,000
- KY Market – Up to - \$5,000
- WV Market – Up to – \$5,000
- NC Market – Up to – \$5,000

Required Documentation Final Late rent notice or eviction notice; Copy of lease agreement, documentation for unforeseen one-time event causing financial hardship*

**Whether the documented event is considered one-time, unforeseen, and uncontrollable is at the discretion of the STAR Fund Board of Trustee’s.*

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Loss or Purchase of Medical Necessary Equipment

Eligible Event Team Member or Team Member’s immediate family member requires specific medical equipment per physician’s orders that is either: (1) not covered under the Team Members medical plan; or (2) exceeds the allowed amount under the plan.

Amount Up to \$1,000 for purchase of new or required replacement equipment.

Required Documentation A statement from the attending physician describing need for the equipment, receipt or estimated cost for replacement or purchase as well as alternate acceptable options.

***In most instances, grants are permitted only under the circumstances described above. The board reserves the right to review all applications and evaluate them on a case-by-case basis and to approve a grant outside of these guidelines based on severe financial need.**

Medical Out of Work (short term & long term)

Eligible Event (1) Team Member or Team Member’s spouse is deemed unable to work per a physician due to an unexpected illness or medical emergency (2) Team Member’s immediate family member requires care by a physician for more than three days due to an unexpected illness or medical emergency.

Injuries resulting from a worker’s compensation claim, illegal activities, or activities where the injured is more than 50% at fault are not eligible for funding.

Medical Out of Work – Pandemic Clause, example: COVID is not a STAR Fund eligible event.

Amount 50% of the Team Member’s or spouse’s gross weekly pay (based on average weekly pay over last 6 months and after sick and vacation time is used), subject to the following limits:

- Team Member: up to 1,000 for short term grants; and up to \$2,000 for long term grants. Short term=one to six weeks; Long Term=Seven to twelve weeks
- Team Member Spouse: up to \$500

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Medical Out of Work (short term & long term) cont.

Required Documentation A statement from the attending physician verifying inability to work and/or any restrictions to include when the leave began and the estimated duration. Applications benefiting a Team Member’s spouse also require a letter from the Spouse’s employer detailing their rate of pay and confirmation that the spouse has taken a leave of absence to a medical out of work situation.

Emergency Travel

Eligible Event Need for a Team Member, Team Member’s spouse and/or Team Member’s dependent children to travel: (1) to care for an immediate or extended family member in an emergency medical situation (2) to make final visit to a terminally ill immediate or extended family member or (3) to attend funeral for or to escort a critically ill immediate or extended family member to a remote medical facility or hospice.

Amount Up to \$2,000 for transportation and lodging expenses.

Required Documentation A statement from the attending physician or hospice facility regarding terminal status, need for remote facility or need for care including duration; death certificate and/or Obituary for funeral. Estimated distance in miles (if traveling by car) and itinerary of trip; receipt or confirmation including estimated cost (if traveling by airplane, bus, or train). and/or lodging receipts or confirmation including estimated cost.

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Funeral Expense

Eligibility Event (1) Team Member is directly and primary financially responsible for paying the funeral expenses of an immediate or extended family member (2) Team Member’s family member is directly and primarily financially responsible for paying the funeral expenses for the Team Member to include: 3) A Team Member who had 10 or more years of service, who has been out of work for no more than 6 months, and who was not terminated for misconduct.

Amount Up to \$1,000 for funeral expenses of an immediate family member; up to \$2,000 for the funeral expenses of a Team Member.

Required Documentation A statement from the funeral home indicating financial responsibility and total cost of funeral expenses.

*Every application is required to submit documentation that supports their story. The SFRG HR Team will work with the applicant to determine proper documentation for the situation.

Natural Disaster Relief – This would not be a qualifying event under the STAR Fund.

Matching Grant

Eligible Event Team Member has a need for assistance that does not meet eligible grant criteria (described above in this policy) and fellow Team Members have raised funds to help fulfill Team Member’s need. Fundraisers should be approved through the proper channels of each market and are not associated with the STAR Fund in any way. It is preferred that the Team Member first apply for and be denied a STAR grant. NOTE: an applicant cannot receive a STAR grant and matching funds for the same event.

Amount Match of Team funds raised, up to \$500 per event. Only one grant is permitted per eligible event, regardless of the number of fundraisers held.

Required Documentation A completed Matching Grant application signed by the GM and Team Member certifying the amount raised by co-workers along with a copy of money order or cashier’s check given to the Team Member in the amount of funds raised.

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Note: *“Immediate family member” is defined as an employee’s parent, sibling, child, including those in a “step” relationship; spouse; or same gender domestic partner.*

“Extended family member” is defined as a Team Member’s grandparent, mother/father in-law, or brother/sister-in-law, including those in “step” relationship.

“Dependent” follows the definition set forth in Section 152 of the Internal Revenue Code. Generally, the following may be classified as dependents, subject to additional criteria) children (by firth, marriage, or foster care), siblings (blood, adopted, or by marriage), or other relatives materially supported by the employee.