



the
giving kitchen

Emergency Assistance Grant Guidelines

TGK was formed to fill the need for a crisis grant program in the restaurant community—a way to do for others what the community came together for Atlanta Chef Ryan Hidinger in response to his devastating, stage-four cancer diagnosis in 2012. The Giving Kitchen has a unique structure as a non-profit with a for-profit subsidiary. The for-profit subsidiary is Staplehouse—a casual fine-dining restaurant currently under construction in Atlanta’s Old Fourth Ward. 100% of Staplehouse’s net profits will be channeled back to TGK, ultimately becoming a source of sustainable funds.

TGK is accepting grant requests from individuals in the restaurant industry for themselves, another member of the industry or an immediate dependent (spouse, child) as listed on tax returns. Requests will be processed and reviewed promptly with funding being allocated immediately thereafter. Matching funds are available to grantees whose employers also raise money on their behalf.

Emergency Assistance Grants

Grant payments will not be made directly to applicant; expenses will be paid directly to vendors. For example, if you are approved, we would pay rent directly to your landlord or management company or would pay your electric bill directly to Georgia Power. Grants will only be awarded to applicants who currently (or at the time of injury or illness) work at least part-time for a restaurant in the metro Atlanta area.

Qualifying events include:

- Illness
- Injury or Accident
- Death in the immediate family
- Natural disaster, fire or other unexpected housing emergency

Types of expenses we cover:

- Rent or mortgage
- Utilities such as electric, gas, water and sewer
- Funeral expenses including travel to out of town funerals
- Cellphone or landline phone

Expenses we DO NOT cover:

- Medical expenses
- Insurance
- Loan payments
- Cable/Internet service



Direct Grant Application Checklist

Name of Applicant: _____

SSN#: _____

Mailing address: _____

City, State, Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

Best way and time to reach you? _____

Restaurant employers in the last year (for employment verification):

Current Restaurant: _____ Manager: _____

Location: _____ Phone Number: _____

Previous Restaurant: _____ Manager: _____

Location: _____ Phone Number: _____

Previous Restaurant: _____ Manager: _____

Location: _____ Phone Number: _____

Required Items:

Statement of need: can be completed by applicant or by someone on their behalf, can be handwritten or in an email or sent with application. Must include description of unexpected crisis, how much work was missed or is expected to be missed and how your current situation would be improved by receiving a financial grant.

Completed Application Checklist

Completed Financial Worksheet

Submitted copies of all that apply:

___ Rent or mortgage bill or statement

___ Bills: electric, gas, water/sewer, homeowners assoc. or property tax statements, phone bill

___ Current bank statement (if available)

___ Documentation of illness or injury

___ Receipts for medical supplies or transportation for medical care

___ Verification documentation for funeral expenses, natural disaster, or housing emergency

When complete, please return to: application@thegivingkitchen.org (scan and email). Or MAIL to: THE GIVING KITCHEN, PO Box 4205, Atlanta, GA 30302. Or FAX to 404-937-6264. Or call to arrange pick-up of your application and documentation: 404-640-6741.



Financial Worksheet for Direct Grant Application

Name of Applicant: _____

SSN: _____

How many people live in your household? (include yourself) _____ Adult(s) _____ Child(ren)

| Name | Relationship | Age | Monetary Contributor? |
|------|--------------|-----|-----------------------|
| | | | Yes or No |
| | | | Yes or No |
| | | | Yes or No |

| Your MONTHLY Household Income | | Gross Monthly Income | |
|--|--|--------------------------------|--------------------------------------|
| Applicant's Gross (pre-tax) Pay (monthly) | | \$ | |
| Spouse's Gross (pre-tax) Pay (monthly) | | \$ | |
| Contributions from other adults in household | | \$ | |
| Child support/Alimony | | \$ | |
| Disability/Social Security/Pension | | \$ | |
| Other monthly income | | \$ | |
| TOTAL | | \$ | |
| Your MONTHLY Debt Payments | | | Monthly Debt |
| Car Loans | | | \$ |
| Credit Cards | | | \$ |
| Child Support or Alimony Paid | | | \$ |
| Student Loans | | | \$ |
| Medical Bills (monthly payments) | | | \$ |
| Other | | | \$ |
| TOTAL | | | \$ |
| Your MONTHLY Living Expenses | | Monthly Expenses (full amount) | Monthly Expenses (Applicant's share) |
| Current Rent or Mortgage (if split with other household members, please provide applicant's share in designated field) | | \$ | \$ |
| Utilities (electricity, natural gas, water/sanitation) | | \$ | \$ |
| Homeowners association fees or property taxes | | \$ | \$ |
| Food | | \$ | \$ |
| Medicine/medical co-pays/Insurance premiums | | \$ | \$ |
| Insurance (car, renter, homeowner) | | \$ | \$ |
| Childcare | | \$ | \$ |
| Other (cell phone, cable, etc.) | | \$ | \$ |
| TOTAL | | \$ | \$ |

Do you qualify for other benefits or emergency assistance programs not listed above? If so, please describe: _____

If your employer offers an emergency assistance program, please provide a contact to verify coverage if you have or will apply: _____