

Sysco Disaster Relief Foundation Hurricane Harvey – Assistance Application Form

Sysco Corporation (“Sysco”) established the Sysco Disaster Relief Foundation (the “Foundation”) to help meet the needs of our employees whose lives have been disrupted by disasters. Emergency assistance is available through a selection committee process for affected associates of Sysco and its affiliates. The Board of Directors of the Foundation will be advised by an independent Selection Committee. The Selection Committee will review this application and assess your needs based on the Foundation’s Criteria for Relief Guidelines.

This application is to request assistance to help Sysco associates with their financial needs because of Hurricane Harvey. Assistance provide to Sysco associates does not need to be repaid to the Foundation.

Applicant Information

Last Name	First Name	Middle Initial
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Sysco User ID

Home/Temporary Mailing Address

City	State	Zip Code
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Contact Phone Number(s)

Office Email	Office Telephone
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Department	Office Location
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Purpose of Assistance

In August 2017, prolonged rainfall in the southeastern parts of the State of Texas resulted in catastrophic flooding (the "Disaster").

Description of the Disaster-Related Non-Reimbursable Losses and Expenses

Please provide an estimate of your Disaster-related losses and expenses that have not been covered and are not anticipated to be covered by other sources: \$ _____

Please describe the nature of the loss and/or expenses and the basis for your estimated loss amount (additional sheets may be attached if needed):

Have you applied to FEMA for disaster-related loss recovery? YES NO

How much has FEMA agreed to provide to you? \$ _____

When will/did FEMA send these funds to you? _____

If you were declined by FEMA, what was the reason given?

Please list any additional aid or relief you are receiving from other foundations, charities, or organizations (additional sheets may be attached if needed):

Have you applied to your insurance for Disaster-related loss recovery? YES NO

How much have you/will you receive from your insurance? \$ _____

If you were declined by your insurance, what was the reason given?

Sysco HR ID Number

I confirm that the information presented in this application is true, correct, and complete. I authorize the Sysco Disaster Relief Foundation to release information with respect to this application to Sysco in the event that it comes to the attention of the Sysco Disaster Relief Foundation that any information contained in this application may not be true, correct, or complete in any manner whatsoever. I understand that submitting false information may result in termination of my employment. I also understand that accepting funds from the Sysco Disaster Relief Foundation in no way obligates me to continue employment with Sysco or any of its affiliates.

Applicant's Signature

Date

Supervisor's Signature

Date

(The supervisor's signature here confirms that the applicant was employed as of the date of the Disaster.)

Please send your signed, completed application to Konigsmark.Julie@corp.sysco.com or mail to:

Sysco Disaster Relief Foundation, Inc.

Attn: Julie Konigsmark

1390 Enclave Parkway

Houston, Texas 77077-2099