Dear Colorado Restaurant Foundation Angel Relief Fund Committee,

My name is [NAME] and I am [POSITION OF LEADERSHIP] at [RESTAURANT]. I work with [ANGEL RELIEF FUND APPLICANT NAME] in the following capacity: [ex: manager].

I am writing to support [NAME OF APPLICANT]'s grant request. I verify that they have been employed by this restaurant for [AMOUNT OF TIME], and that they have had a crisis that fits in one of the following categories (please check one):

	Injury caused by an accident (such as a slip, fall, or crash) requiring hospitalization or other acute care
	Illness requiring hospitalization or other acute care
	Death or catastrophic illness or injury of an immediate family member imposing a
	financial or full-time caregiving burden on the worker
	Disaster, such as flood, fire, or storm damage (to name a few) causing disruption of a worker's job or ability to work
	Acts of violence in which the employee is the victim
a re	esult of this hardship, <mark>[NAME OF APPLICANT]</mark> has (<mark>please check one</mark>):

Exhausted all paid leave options, including company-sponsored paid time off, sick leave, FAMLI leave, FMLA, workers' compensation, business interruption insurance, etc., and has taken [NUMBER OF DAYS] of unpaid leave.

☐ Has encountered a long-term financial hardship, such as permanent loss of household income due to loss of an immediate family member or permanent reduction in work due to medical treatment.

Sincerely,

[SIGNATURE]

[NAME, POSITION, RESTAURANT]

[PHONE NUMBER, EMAIL ADDRESS]