



HENRY COUNTY HELPING HAND, INC.

2024–2025

GRANT QUALIFICATION GUIDELINES

Henry County Helping Hand, Inc. (“Helping Hand”), is a 501(c)(3) not-for-profit corporation established to solicit and receive charitable contributions from individuals, businesses, and industries in Henry County, Tennessee. In turn, Helping Hand makes grants to charitable, service, health, and other non-profit organizations in Henry County.

Eligible Organizations

Organizations applying for a Helping Hand grant must be located within Henry County (or be an affiliate/chapter of a larger organization that operates within Henry County) **AND** meet one of following criteria:

- An organization holding a current tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.
- A government entity (i.e., a state, county or city agency, including law enforcement and fire departments).
- A K-12 public or nonprofit private school, community/technical college, state/private college or university.
- A faith-based non-profit organization engaged in non-sectarian projects that benefit the community at large **and** has IRC 501(c)(3) tax-exempt status and board of directors separate from the sponsor church (if any).
- A volunteer fire department with Section 501(c)(3) **or** Section 501(c)(4) status (see IRS Rev. Rul. 71-47).

Other types of organizations (including organizations recognized under IRC Sections 501(c)(4), (c)(6), and (c)(19)) are generally ineligible. Churches are generally ineligible. Individuals are ineligible.

Application Requirements

- Applications must clearly and succinctly explain the proposed use of grant funds (i.e., the proposed program/use), how the proposed use will benefit Henry Countians, and how many people will benefit.
- Applications must be received by Helping Hand by the deadline (late applications will not be considered)
- Helping Hand may request supplemental information/documentation from applicants; failure of an applicant to timely supplement will result in denial of the application.

Application Procedure

- Mid-October: Application and deadline will be posted at <https://hchelpinghand.org/>
- By end of year: Applicants will be notified by email if approved for funding or denied.
- Mid-April: Grant amounts will be announced and grant checks presented at an in-person event. A representative of the applicant must attend this event, and the same person may represent only one organization at the event. Organizations that fail to attend will receive their checks by mail in mid-October.

Evaluation Criteria

Grant proposals are considered in the following priority order: Health and wellbeing, public safety, education, alleviation of poverty, historical preservation, cultural development, and recreation.

Grant proposals for the following types of programs are generally **NOT** approved:

- Programs that redistribute cash or cash equivalents to other organizations or persons (ex: grants/donations to other organizations, scholarships, gift/gas cards, payment of utility/medical bills, etc.).
- Capital improvements to real estate (exceptions *may* be made if the real estate is owned by the applicant and/or if the improvement of real estate is an essential aspect of the organization’s charitable purpose).
- Funding the applicant’s administrative operations and/or compensating the applicant’s employees.
- Programs that directly benefit business interests and/or for-profit organizations.



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NOTICE OF IMPORTANT INFORMATION

***** IMPORTANT NOTICE: THE HELPING HAND APPLICATION PROCESS IS CHANGING *****

Be advised of these recent changes:

1. **Grant applications must be completed online** at the Helping Hand website: <https://hchelpinghand.org/>
Applications are no longer distributed or accepted in hardcopy (paper) form.
2. If an applicant is unable to complete the online application on the Helping Hand website:
 - a. The applicant should **seek technical assistance** (e.g., from others in the applicant’s organization, tech-savvy family/friends, or IT professionals) and try again to complete the online application.
 - b. If the applicant remains unable to complete the online application after seeking technical assistance, the applicant may **request a PDF application** by emailing helpinghand1695@gmail.com ; such requests must be made no later than 10 calendar days prior to the application submission deadline.
 - c. The PDF applications must be TYPED (the application is a form-fillable PDF), saved, and emailed to helpinghand1695@gmail.com. Any supporting documents must be scanned and emailed as attachments along with the application. Emailed applications will be confirmed via reply to the sender (expect to receive a reply email within 2 business days after submission).
3. **Applicants must have IRC 501(c)(3) tax exempt status.** Helping Hand uses the IRS’s online database of tax-exempt organizations (<https://apps.irs.gov/app/eos/>) to verify applicants’ tax-exempt status. Applicants should search that website for their EIN number to determine whether their tax-exempt status can be verified in the IRS database. If an applicant’s tax-exempt status cannot be verified in the IRS database, the applicant must submit documentation to verify the applicant’s tax-exempt status (such as an IRS determination letter or group exemption letter). The following are the only **exceptions**:
 - a. **Governmental entities** (including public schools and law enforcement agencies) are automatically tax exempt and therefore do not appear in the IRS database. Due to their automatic exemption, governmental entities need not furnish documentation to verify their tax-exempt status.
 - b. **School Support Organizations** (“booster clubs”) that do not have tax exempt status may apply under the EIN number of the school (list the school’s EIN on application). Grants awarded to such organizations will be disbursed to the school for credit to the applicable team/club.
 - c. **Volunteer Fire Departments** with IRC 501(c)(4) tax exempt status are eligible, provided that per IRS regulations the grant funds must be used exclusively for public purposes.
4. Helping Hand will use **EMAIL as the primary form of communication** with applicants. It is VERY IMPORTANT that applicants provide an email address that is regularly monitored. Applicants are encouraged to regularly monitor their SPAM folder and to whitelist the Helping Hand email address: helpinghand1695@gmail.com.
5. **Applicants may wish to recruit someone tech savvy to handle or assist with the application process.**
6. **Subject line of all emails sent to Helping Hand should include the Applicant’s name and EIN**
Example: Application Question from Habitat for Humanity of Paris Henry County – EIN 62-1611736
7. **Only one grant application per organization/EIN number.** Volunteer fire departments are requested to file a consolidated application for the entire department rather than separate application per firehouse. **Exceptions:** Multiple School Support Organizations (“booster clubs”) may file under the same school’s EIN. Multiple governmental programs may file under the same government’s EIN (ex: “The Shed” and County Animal Shelter may file under the same EIN).



HENRY COUNTY HELPING HAND, INC.

GRANT APPLICATION INSTRUCTIONS

Please read these directions carefully prior to completing a Helping Hand Grant Application. All fields of the application are mandatory unless these instructions state otherwise. Late applications will not be considered.

Definitions

APPLICANT means the organization applying for a Helping Hand Grant. An applicant must be an **ELIGIBLE ORGANIZATION** to qualify to receive a Helping Hand Grant.

ELIGIBLE ORGANIZATION means an organization that is both (i) located within Henry County (or an affiliate/chapter of a larger organization that operates within Henry County) **AND** (ii) meets one of these criteria:

- An organization holding a current tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.
- A government entity (i.e., a state, county or city agency, including law enforcement and fire departments)
- A K-12 public or nonprofit private school, community/technical college, state/private college or university
- A faith-based non-profit organization engaged in non-sectarian projects that benefit the community at large **and** has IRC 501(c)(3) tax-exempt status and board of directors separate from the sponsor church (if any).
- A volunteer fire department with Section 501(c)(3) **or** Section 501(c)(4) status (see IRS Rev. Rul. 71-47).

Note: Other types of organizations (including organizations recognized under IRC Sections 501(c)(4), (c)(6), and (c)(19)) are generally ineligible. Churches are generally ineligible. Individuals are ineligible.

GRANT PROJECT means the project, program, or other use for which **APPLICANT** is seeking a Helping Hand grant.

PROHIBITED PURPOSE means any of the following (Helping Hand grants may not be used for these purposes):

- Programs that redistribute cash or cash equivalents to other organizations or persons (ex: grants/donations to other organizations, scholarships, gift/gas cards, payment of utility/medical bills, etc.).
- Capital improvements to real estate (exceptions: real estate is owned by **APPLICANT** and/or improvement of real estate is an essential aspect of **APPLICANT**'s charitable purpose [example: Habitat for Humanity]).
- Funding the **APPLICANT**'s administrative operations and/or compensating the **APPLICANT**'s employees.
- Programs that directly benefit business interests and/or for-profit organizations.

RESPONSIBLE OFFICER means the **APPLICANT**'s officer who completes and signs the grant application form.

Ideally the **RESPONSIBLE OFFICER** will be the **APPLICANT**'s treasurer (but this is not a requirement). Helping Hand will communicate with the **RESPONSIBLE OFFICER** concerning most or all aspects of the application process and will consider the **RESPONSIBLE OFFICER** to be the **APPLICANT**'s duly authorized agent for purposes of communicating with Helping Hand unless otherwise notified in writing by the **APPLICANT**. If the **RESPONSIBLE OFFICER** listed on the application disassociates from the **APPLICANT** during the grant application process, **APPLICANT** must immediately notify Helping Hand in writing and designate a new **RESPONSIBLE OFFICER**.

Section I: APPLICANT

This section requests information sufficient to identify the **APPLICANT** and determine whether the **APPLICANT** may be an **ELIGIBLE ORGANIZATION**.

1. Provide **APPLICANT**'s exact legal name and federal tax identification number ("EIN").
2. Provide **APPLICANT**'s principal office address. If **APPLICANT** is registered with the Secretary of State, this should match the principal office address of record with the Secretary of State.
3. Identify **APPLICANT**'s President, Secretary and Treasurer (or equivalent officers regardless of title).
4. Summarize **APPLICANT**'s primary mission and/or purpose.
5. Please list the Counties serviced by **APPLICANT**. Henry County must be within the service area.

Section II: RESPONSIBLE OFFICER

This section requests the RESPONSIBLE OFFICER's identification and contact information.

6. Provide RESPONSIBLE OFFICER's legal name and title (office held in APPLICANT organization).
7. Provide RESPONSIBLE OFFICER's email address *which must be regularly monitored*.
8. Provide RESPONSIBLE OFFICER's *primary* phone number (alternate numbers may also be provided).

Section III: GRANT PROJECT

This section requests specific information about the GRANT PROJECT. *Please attach additional pages if needed.*

9. Briefly describe the GRANT PROJECT. Also state which of the following categories best corresponds with the GRANT PROJECT: Health/wellbeing, public safety, education, alleviation of poverty, historical preservation, cultural development, recreation.
10. Describe the population to be served by the GRANT PROJECT (examples: "disabled children," "victims of domestic abuse," "4-8th grade students," "food insecure households," "1st generation college students," etc.).
11. State the number of individuals or families who will be served by the GRANT PROJECT. The response must be a number or numerical range (ex: 100–125 families); "all of Henry County" is not an acceptable response.
12. Describe the specific outcome measures APPLICANT will use to assess the impact of the GRANT PROJECT (ex: success may be measured in improved health indicators, increased safety, enhanced educational attainment, poverty reduction, historic preservation, cultural enrichment, and/or community engagement).
As a condition of making future grants to Applicant, Helping Hand may later request this data.
13. State the total cost to fund the GRANT PROJECT and the grant amount requested from Helping Hand.

Section IV: QUALIFICATION QUESTIONS

14. If APPLICANT clearly meets the above definition of ELIGIBLE ORGANIZATION, answer YES. Otherwise, answer NO and attach an explanation of why APPLICANT believes APPLICANT may qualify for a grant.
15. Please search the APPLICANT at <https://apps.irs.gov/app/eos/> to determine if APPLICANT is tax exempt organization in good standing with the IRS according to this IRS database; if so, answer YES. Otherwise, answer NO and (except for governmental applicants, including public schools) attach documentation proving that APPLICANT is recognized by the IRS as a tax exempt organization. Certain types of organizations (such as governments) are automatically exempt and therefore do not appear in this database. Organizations under a group exemption ("umbrella organizations") may not be included in this database.
16. **Helping Hand grants are conditioned upon the recipient's agreement to use the grant funds for the GRANT PROJECT** identified on the application. Grant funds should be returned to Helping Hand as soon as possible if/when a grant recipient determines not to proceed with the GRANT PROJECT. If the GRANT PROJECT has not been completed by December 31 of the year after the grant is awarded, the grant funds must be returned to Helping Hand on or before that date unless Helping Hand has authorized (upon written request of the grant recipient) an extension of time for the GRANT PROJECT to be completed. If agreed, answer YES; otherwise, answer NO. Note: Governmental entities (including public schools) which are prohibited by law from returning donated funds should not answer this question.
17. See definition of PROHIBITED PURPOSE (above) and answer this question accordingly.
18. See definition of GRANT PROJECT (above) and answer this question accordingly. APPLICANTS that have not previously received a grant from Helping Hand should not answer this question.
19. Helping Hand may request records from the APPLICANT to determine whether an APPLICANT is an ELIGIBLE ORGANIZATION, to determine whether a Helping Hand grant was used for the GRANT PROJECT identified on the corresponding grant application, to determine the participation and/or success rate of previously-funded GRANT PROJECTS, or for other reasons. APPLICANT must agree to produce such records upon request and within a reasonable time as a condition of applying for a Helping Hand grant.

The RESPONSIBLE OFFICER must electronically (by typing his/her name) sign the certification.



HENRY COUNTY HELPING HAND, INC.

2024–2025 GRANT APPLICATION

We have updated our application. Before completing this application, please:

- Carefully review the Grant Qualification Guidelines and Grant Application Instructions.
- Complete this application (type) and submit via email (must be *received* prior to deadline).
- **Late and/or incomplete applications will not be considered.**

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Section I: APPLICANT

1. APPLICANT’s name: _____ APPLICANT’s EIN _____
2. APPLICANT’s office address: _____
3. APPLICANT’s President: _____ Secretary: _____ Treasurer: _____
4. APPLICANT’s mission/purpose: _____
5. Counties served by APPLICANT: _____

Section II: RESPONSIBLE OFFICER

6. Name and Title of RESPONSIBLE OFFICER: _____
7. RESPONSIBLE OFFICER’s email address: _____
8. RESPONSIBLE OFFICER’s phone number(s): _____

Section III: GRANT PROJECT

9. Describe the GRANT PROJECT (attach additional pages if needed) _____

10. Who will benefit from the GRANT PROJECT: _____
11. How many people are expected to participate/benefit from the GRANT PROJECT? _____
12. How will APPLICANT measure the success of the GRANT PROJECT? _____

13. Total cost to fund the GRANT PROJECT: \$ _____ Grant amount requested: \$ _____

Section IV: QUALIFICATION QUESTIONS

Please answer the following questions by checking a box. *If the response is “No”, attach an explanation.*

14. Is APPLICANT an ELIGIBLE ORGANIZATION? YES | NO
15. Is APPLICANT in good standing as shown on the [*IRS Tax Exempt Organization List*](#)? YES | NO
16. Does APPLICANT agree to return any grant funds not used for the GRANT PROJECT? YES | NO
17. Does APPLICANT agree that grant funds will NOT be used for a PROHIBITED PURPOSE? YES | NO
18. If APPLICANT previously received a Helping Hand grant, did APPLICANT actually use all the grant funds for the GRANT PROJECT identified in the prior grant application? YES | NO
19. Will APPLICANT provide additional supporting documentation promptly upon request? YES | NO

I, the undersigned RESPONSIBLE OFFICER certify under penalty of perjury that the above responses are true.
(Typed name constitutes electronic signature.)

Sign Name: _____ Date: _____



HENRY COUNTY HELPING HAND, INC. VOLUNTEER FIRE DEPARTMENT

2024–2025 GRANT APPLICATION ADDENDUM

Instructions: This addendum applies to volunteer fire departments. Only one application will be accepted from each department (all firehouses within the same department must submit one consolidated application). The data requested below is for the entire department (all stationhouses). If exact data is unavailable, please provide a good faith estimate.

- A. How many firehouses does **APPLICANT** operate within Henry County: _____
- B. What is **APPLICANT**'s service area within Henry County (in square miles): _____
- C. How many households and businesses are located within **APPLICANT**'s Henry County service area? _____
- D. How many calls did **APPLICANT** respond to in Henry County last year? _____
- E. What is **APPLICANT**'s entire budget this year (what is the total annual cost to operate)? \$ _____
- F. What was **APPLICANT**'s most recent annual insurance policy premium (cost of insurance)? \$ _____
- G. What percentage of **APPLICANT**'s funding comes from the following sources (total must equal 100%):
 - a. Public funding from local, state, and/or federal governments (including grants): _____ %
 - b. Donations and dues from **APPLICANT**'s members: _____ %
 - c. Donations from people or businesses other than **APPLICANT**'s members: _____ %
 - d. Donations and grants from non-governmental organizations (such as Helping Hand): _____ %
 - e. Other sources (the sum of lines (a)–(e) must equal 100%) _____ %
- H. Describe any specific needs **APPLICANT** has this year which are outside of its ordinary budget (for example, is applicant purchasing a new firetruck or making capital improvements to a stationhouse)?

- I. Does **APPLICANT** agree that any funds received from Helping Hand will be used solely for public purposes? (Per IRS regulations, grant funding is unavailable unless the answer to this question is YES.) _____

I, the undersigned RESPONSIBLE OFFICER certify under penalty of perjury that the above responses are true and that any approximate data was estimated in good faith. (Typed name constitutes electronic signature.)

Sign Name: _____ Date: _____