



RH HELPING HANDS GRANT APPLICATION

Name

Date

Address

City

State

ZIP Code

Email

Phone

RHCC Department

RHCC Start Date*

Full Time

Part Time

Seasonal

PART A: GENERAL INFORMATION

Emergency grant requests may include: uninsured medical expenses; family emergencies other than injury or illness; loss of transportation to work; pandemic-related hardships; and bereavement and funeral expenses.

Education grant requests may include: education growth for the employee not covered by RHCC's continuing education benefits; and education for dependents with learning disabilities or special aptitudes.

Grant amount requested: \$ _____

1. Type of Grant Request:

Emergency

Education

2. Provide a description of the reason for your grant request:

3. Please list specific dollar amounts for each expense you are submitting, with supporting documentation: *(Please attach relevant invoices, receipts, quotes for repair, photographs, and other documentation to support your request.)*

Expense	Amount (\$)

4. List other sources of financial assistance, if any:

(Please specify to what extent insurance, government assistance, savings, or other funds are available to cover all or part of the requested grant amount. You may also want to explain why other financial sources were inadequate for your needs.)

5. If the RH Helping Hands grant does not fully meet your financial needs, how will you fund the balance?

6. RH Helping Hands may choose to pay a grant directly to the service provider/vendor. Is this possible for your request?

- a. If yes, please list name and address of service provider/vendor to whom payment should be made:

- b. If no, tell us why and list an alternative name and address to whom payment should be made:

7. Have you made a previous grant request? If yes, when and for what purpose?

I solemnly affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I further understand that I may need to answer questions and provide additional information as part of the review process. If my grant request is approved by RH Helping Hands, I certify that I will use the funds as indicated on my application.

*There is a 90-day tenure requirement for all grant applicants, subject to exceptions made for extraordinary circumstances.

The RH Helping Hands Board of Directors recognizes the time sensitivity related to a hardship request. The Board will aim to respond promptly following the submission of a completed application, with supporting documentation, to RHCC Human Resources.

If an approved grant cannot be funded within 60 days of bestowal, the grant is revoked and the employee can reapply if aid is still necessary.

Confidential personal Information will be treated in accordance with RH Helping Hand's applicable policies and procedures. I understand that any testimonials or other feedback I choose to provide may be published or distributed on an **anonymous basis** by RH Helping Hands for marketing, communications, or other purposes.

Grants shall be made exclusively at the discretion of the RH Helping Hands Board of Directors, and no grant is guaranteed. RHCC's Human Resources Director has no influence or control over the approval process. No one shall have any rights to a grant or to challenge a decision of the Board; however, when a grant is denied, the applicant may submit within 14 days of notice of such denial a single written request including any new material information to be considered by the Board. Such decisions by the Board shall be final.

Applicant Signature: _____ **Date:** _____