



## 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; major home structural or system repair; essential home appliance malfunction; 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. **COVID-Related Routine Living Expenses may include:** rent, mortgage, regular car payments, utilities, and food.

**Grant amount requested: \$** \_\_\_\_\_

#### **1. Type of Grant Request:**

Emergency

Education

COVID-Related Routine Living Expenses\*

\*Please Also Complete Part B of this application.

#### **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, and other documentation to support your request.)*

Expense	Amount (\$)

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

*(Please specify to what extent insurance, 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. If my grant request is approved by RH Helping Hands, I certify that I will use the funds as indicated on my application.***

\*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 to RHCC Human Resources.

\*\*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. 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:** \_\_\_\_\_

**PART B: COVID-RELATED ROUTINE LIVING EXPENSES**

**1. Were you laid off due to COVID and are now returning to work?**

Yes       No

a. If yes, please provide the date you were you laid off and the date you returned to work:

\_\_\_\_\_ to \_\_\_\_\_

b. If yes, what were your typical working hours at RHCC per pay period before being laid off pre-COVID vs. now?

**2. Have you continued to work at RHCC throughout COVID, but with reduced hours?**

Yes       No

a. If yes, please provide the dates your reduced working hours began and ended:

\_\_\_\_\_ to \_\_\_\_\_

b. If yes, what were your typical working hours at RHCC per pay period pre-COVID vs. now?

**3. Are there any other ways that COVID may have contributed to your request for a grant?**

*I solemnly affirm that the information provided on this application is true and correct to the best of my knowledge and belief. If my grant request is approved by RH Helping Hands, I certify that I will use the funds as indicated on my application.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_