# COMMUNITY FOUNDATION

#### OF HARFORD COUNTY

### **Help Your Neighbor Application**

The Help Your Neighbor Fund was created in late 2015 by our Board in response to significant increases in calls for urgent assistance for basic human needs for individuals and families.

Grants will be awarded from a minimum of \$250 to a maximum of \$1,000 to provide emergency financial assistance to senior citizens, families and individuals in need in Harford County. Specifically, the funds should provide assistance in paying for rent, car repair, utilities, medicine, food, and other basic necessities. Disbursements from the grant should be made directly to the approved nonprofit organization. The severity and urgency of the need to be addressed and the impact of the financial support on an individual's or family's ability to remain independent should be the determining consideration in the disbursement of funds.

#### **Eligibility Criteria**

To apply, an organization must be a designated 501(c)(3) nonprofit under the Internal Revenue Code (which includes churches) and be able to provide evidence of that designation. The organization must be located in and providing services for residents of Harford County. Eligible organizations must have a proven and well-established capacity to determine eligibility for urgent financial assistance, and a track record of ensuring that financial assistance is provided to families and individuals with the most need in Harford County. Eligible organizations must have a transparent and documented process for tracking the use of their financial assistance. Governmental organizations/agencies are eligible to receive grants through this fund, and must provide written confirmation of that designation.

#### **Primary Considerations**

When evaluating applications, careful consideration will be given by the Foundation to the following factors:

- The potential impact of the request on residents in need with priority given to immediate needs
- The degree to which the organization has established processes and capacity to assess needs and allocate resources
- The organization's fiscal responsibility and management record

#### **Program Exclusions**

This program will not provide funding for:

-Direct cash assistance -Operational deficits -Building campaigns -Debt retirement

-Operational support -Sectarian religious programs

-Endowment funds -Training

-Fundraising campaigns -Program development/creation

#### **Reporting Requirements**

Grant recipients will be expected to provide a detailed accounting of the expenditure of funds as well as a brief narrative describing the impact of the grant. This report will be due within 30 days of the final expenditure of funds. Subsequent requests will not be considered until reporting requirements are met.

Please contact Brigitte Peters at brigittep@cfharfordcounty.com with any questions.

## **Help Your Neighbor Grant Application**

CFHC will only accept completed applications in the format outlined below. Proposals must not exceed one page. Please do not send any additional attachments.

Agency Name:  Agency Address:  Year Agency Created: Federal ID/EIN:  Agency Contact Person: Title:  Phone Number: Email:  Date of Request: Amount Requested (\$250 to \$1,000):  *Please note all grants must be disbursed to individuals and families in need in Harford County throug approved non-profit organization)  1. Describe the specific purpose for which this grant is requested. Please identify the emergency need(s) or type of emergency need(s) to be met.  2. Briefly describe the process your organization uses to determine eligibility and your ability to verify the emergency request(s) for financial assistance.  3. Describe the process used to distribute financial assistance to individuals and families in need and verification that assistance was used for its intended purpose(s)  4. Please provide other relevant statistics about your program such as the total number of people served last year and this year, demographic information and the total amount of money expended on an annual basis	AGENCY INFORMATION:	
Year Agency Created: Federal ID/EIN:  Agency Contact Person: Title:  Phone Number: Email:  Date of Request: Amount Requested (\$250 to \$1,000):  (*Please note all grants must be disbursed to individuals and families in need in Harford County throug approved non-profit organization)  1. Describe the specific purpose for which this grant is requested. Please identify the emergency need(s) or type of emergency need(s) to be met.  2. Briefly describe the process your organization uses to determine eligibility and your ability to verify the emergency request(s) for financial assistance.  3. Describe the process used to distribute financial assistance to individuals and families in need and verification that assistance was used for its intended purpose(s)  4. Please provide other relevant statistics about your program such as the total number of people served last year and this year, demographic information and the total amount of money expended on an annual basis	Agency Name:	
Agency Contact Person:  Title:  Phone Number:  Email:  Date of Request:  Amount Requested (\$250 to \$1,000):  (*Please note all grants must be disbursed to individuals and families in need in Harford County throug approved non-profit organization)  1. Describe the specific purpose for which this grant is requested. Please identify the emergency need(s) or type of emergency need(s) to be met.  2. Briefly describe the process your organization uses to determine eligibility and your ability to verify the emergency request(s) for financial assistance.  3. Describe the process used to distribute financial assistance to individuals and families in need and verification that assistance was used for its intended purpose(s)  4. Please provide other relevant statistics about your program such as the total number of people served last year and this year, demographic information and the total amount of money expended on an annual basis	Agency Address:	
Phone Number:  Email:  Date of Request:  Amount Requested (\$250 to \$1,000):  (*Please note all grants must be disbursed to individuals and families in need in Harford County throug approved non-profit organization)  1. Describe the specific purpose for which this grant is requested. Please identify the emergency need(s) or type of emergency need(s) to be met.  2. Briefly describe the process your organization uses to determine eligibility and your ability to verify the emergency request(s) for financial assistance.  3. Describe the process used to distribute financial assistance to individuals and families in need and verification that assistance was used for its intended purpose(s)  4. Please provide other relevant statistics about your program such as the total number of people served last year and this year, demographic information and the total amount of money expended on an annual basis	Year Agency Created:	Federal ID/EIN:
Date of Request: Amount Requested (\$250 to \$1,000):  (*Please note all grants must be disbursed to individuals and families in need in Harford County through approved non-profit organization)  1. Describe the specific purpose for which this grant is requested. Please identify the emergency need(s) or type of emergency need(s) to be met.  2. Briefly describe the process your organization uses to determine eligibility and your ability to verify the emergency request(s) for financial assistance.  3. Describe the process used to distribute financial assistance to individuals and families in need and verification that assistance was used for its intended purpose(s)  4. Please provide other relevant statistics about your program such as the total number of people served last year and this year, demographic information and the total amount of money expended on an annual basis	Agency Contact Person:	Title:
(*Please note all grants must be disbursed to individuals and families in need in Harford County throug approved non-profit organization)  1. Describe the specific purpose for which this grant is requested. Please identify the emergency need(s) or type of emergency need(s) to be met.  2. Briefly describe the process your organization uses to determine eligibility and your ability to verify the emergency request(s) for financial assistance.  3. Describe the process used to distribute financial assistance to individuals and families in need and verification that assistance was used for its intended purpose(s)  4. Please provide other relevant statistics about your program such as the total number of people served last year and this year, demographic information and the total amount of money expended on an annual basis	Phone Number:	Email:
<ol> <li>Describe the specific purpose for which this grant is requested. Please identify the emergency need(s) or type of emergency need(s) to be met.</li> <li>Briefly describe the process your organization uses to determine eligibility and your ability to verify the emergency request(s) for financial assistance.</li> <li>Describe the process used to distribute financial assistance to individuals and families in need and verification that assistance was used for its intended purpose(s)</li> <li>Please provide other relevant statistics about your program such as the total number of people served last year and this year, demographic information and the total amount of money expended on an annual basis</li> </ol>	Date of Request:	Amount Requested (\$250 to \$1,000):
need(s) or type of emergency need(s) to be met.  2. Briefly describe the process your organization uses to determine eligibility and your ability to verify the emergency request(s) for financial assistance.  3. Describe the process used to distribute financial assistance to individuals and families in need and verification that assistance was used for its intended purpose(s)  4. Please provide other relevant statistics about your program such as the total number of people served last year and this year, demographic information and the total amount of money expended on an annual basis		·
emergency request(s) for financial assistance.  3. Describe the process used to distribute financial assistance to individuals and families in need and verification that assistance was used for its intended purpose(s)  4. Please provide other relevant statistics about your program such as the total number of people served last year and this year, demographic information and the total amount of money expended on an annual basis		
verification that assistance was used for its intended purpose(s)  4. Please provide other relevant statistics about your program such as the total number of people served last year and this year, demographic information and the total amount of money expended on an annual basis	•	
year and this year, demographic information and the total amount of money expended on an annual basis	_	
to meet emergency needs.	_	

Please e-mail completed applications to or mail to CFHC, P.O. Box 612, Bel Air, MD 21014.

All grant applications will be accepted from eligible organizations on a rolling basis. Grants requests will be reviewed within 14-21 business days. Grants must be disbursed to a variety and diversity of individuals and families. Depending on the availability of funds, an organization may apply for a grant subsequent grant after sufficiently documenting the disbursements from the previous grant.