Three Rivers' Helping Hands Community Foundation
Application Guidelines

1. Funds shall be awarded to individuals, families and organizations in Three Rivers Electric Cooperative's service area **for essential needs such as health, safety and well-being of the community**. Families shall generally include all the individuals residing in a household whether or not they are related by blood or marriage. No more than one application shall be approved for one catastrophic event at one address. The Board of Trustees will make every attempt to distribute funds fairly to each county within the service area. Applications are reviewed regardless of completeness but may be rejected if the Board deems the information and documentation to be insufficient. Applicants need to make every effort to complete the application including monthly income, expenses, assets, and liability sections. This information is important for the Trustees to make an educated decision on funding.

2. All applicants must submit copies of bids, estimates, bills, and/or paid receipts for which funding is being requested. The annual maximum amount an individual may receive is $2,500; however, amounts awarded for dental assistance will generally be limited to $1,000 per individual or $2,000 per family and amounts awarded for hearing aids will generally be limited to $1,500 per individual unless there are extenuating circumstances for either dental or hearing assistance. The annual maximum amount for a family shall be limited to $2,500 per individual up to $5,000 per family, and the annual maximum amount organizations may receive is $10,000. Amounts awarded to organizations will generally be around $5,000 unless the project or program warrants the maximum of $10,000.

   Once a decision is made by the Board of Trustees either approving or denying an application, the applicant must wait a period of 12 months from the date of review before applying for assistance again from the Foundation. No more than one application should be filed for one incident or illness, regardless of duration. Individuals and families shall generally be limited to three awards during their lifetime.

3. When funds are awarded to individuals and families, checks will be generally made payable to the entity which will be the ultimate recipient of the funds (i.e. medical provider, hospital, merchant), so as to prevent the funds from being used for any unapproved purpose. Checks may be written payable to the individual or family applicant to reimburse for paid expenses if copies of paid receipts are submitted with the application for funding. Applicants must use approved funding within six months unless an extension is requested and is approved by the Board of Trustees.

4. In accordance with the intended purpose of the Foundation, funds may **not** be used for the following activities and purposes:
   a. Athletic team sponsorship, advertising;
   b. General home repair (porches, sidewalks, heating and cooling systems, windows and doors);
   c. Home reconstruction expenses following fires, floods, tornados and other natural and man-made catastrophic events;
   d. Direct payment of normal daily living expenses, such as household rent, utility bills (electric, gas, fuel oil, and telephone) except that temporary expenses shall be allowable following the destruction of the applicants home;
   e. Political purposes, campaigns and causes;
   f. Automobile repair and purchase;
   g. Transportation expenses to enable relatives other than parents or caregiver to accompany the sick to travel, or to enable sick persons to travel, other than to receive medical care;
   h. Purchase of consumer credit counseling services for persons with debt management problems;
   i. Funeral expenses (generally not approved but may be considered if there are extenuating circumstances);
   j. Donations to the United Way or other agencies which have the primary goal of collecting and distributing funds to other organizations. However, the intent is not to prevent awarding trust funds to organizations which receive funding from these or other sources, if such organizations operate in accordance with the purposes of Three Rivers' Helping Hands Community Foundation;
   k. Applications from tax supported entities shall be considered for extraordinary expenses only and shall not be considered for normal administrative expenses such as office equipment or supplies.

Approved 08/19/2025

Three Rivers' Helping Hands Community Foundation

Change for Life

1324 E Main, PO Box 918. Linn, MO 65051
573-644-9000 or 1-800-892-2251
Fax 573-644-9086

For Office Use Only

Application for Organization/Agency

Incomplete applications will automatically be denied assistance.

Please type or print clearly with dark ink. It is extremely important that you fill out both pages of this application completely. The application deadline is the last day of each month.

REQUEST

- **Amount of Request:** _____
- **Date of Application:** _____
- **Please attach a statement to:**
  1) tell how the funds will be used, and
  2) explain the circumstances that have prompted this request.
- **Please attach a copy of financial statement(s) for previous year.**
- **Please attach appropriate bids/estimates/bills directly relating to your request.**

ORGANIZATION INFORMATION

- **Name of Organization/Agency:** _____
- **Address:** _____
  Street or P.O. Box City State Zip Code County
- **Contact Person:** _____
  Name Title
- **Home Phone:** _____ **Work Phone:** _____
- **Is this organization tax exempt under IRS section 501(c)(3)?** ☐ Yes ☐ No
  If yes, a copy of determination letter from Internal Revenue Service must be attached.
- **Number of people served (by county) in each of the following counties last year:**

Cole	_____	Miller	_____
Franklin	_____	Moniteau	_____
Gasconade	_____	Osage	_____
Maries	_____		

- **Does organization serve outside these seven counties?** ☐ Yes ☐ No
- **If yes, provide information on number served and location:** _____
  _____
  _____
- **List other sources of funding for this request:** _____
- **How is your organization's program measured for effectiveness?** (Be specific.) _____
  _____
  _____

Business References

- **Please give three business references who are familiar with your organization.** (References may not be employees or members of the organization requesting funding.)

1. Name: _____ Phone: _____

   Address: _____
   Street or P.O. Box City State Zip Code

2. Name: _____ Phone: _____

   Address: _____
   Street or P.O. Box City State Zip Code

3. Name: _____ Phone: _____

   Address: _____
   Street or P.O. Box City State Zip Code

Other Information

- **The Trust Board may need to table an application until the next monthly meeting because of time constraints or insufficient information on an application. Can your application be tabled?** ☐ Yes ☐ No
- **Can you proceed with partial funding of this request?** ☐ Yes ☐ No
- **Comments:** _____

_____

_____

_____

_____

_____

The information contained in this statement is for the purpose of obtaining funding from Three Rivers' Helping Hands Community Foundation on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Three Rivers' Helping Hands Community Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. Three Rivers' Helping Hands Community Foundation is authorized to make all inquires they deem necessary to verify the accuracy of the statement made herein.

_____ _____

Name of Organization/Agency **Representative Name & Title (please print)**

_____

Signature of Representative

_____

Date

Mail completed application and related documents to: Three Rivers' Helping Hands Community Foundation
P.O. Box 918
Linn, MO 65051

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