Hannah’s Helping Hands 2017 Grant Program

_Hannah & Friends_ is a 501(c)(3) non-profit organization dedicated to improving the quality of life for children and adults with special needs.

Hannah & Friends provides funding for a program called **Hannah’s Helping Hands**, which funds quality of life grants for **Indiana**, including the greater **Michiana** area, **Florida, New Jersey, New York**, and **Rhode Island** families that care for children and adults with special needs. Grants for individuals with developmental disabilities are given priority.

The grants provide low and moderate-income families with stipends that may be used for a wide variety of supports and programs related to their family member with special needs.

Please read the information below and mail in the enclosed application.

**In order to qualify for a grant, a family must:**

- Have a family member with special needs at home in Florida, Indiana, Michiana, Rhode Island, New Jersey, or New York.

- Meet the guidelines for financial need. This grant is specifically for low and moderate-income families.

- We request that parents obtain a letter of recommendation on behalf of your family member from a doctor or teacher on letterhead. The letter of recommendation should highlight financial need as well as any special challenges that the organization should be aware of. Letters of recommendation should be attached to the application and not mailed separately.

- Past grant recipients must have sent in receipts and thank you letters by the deadline stated in the grant approval letter mailed out the previous year.

- Provide a signed copy of the most recently filed (2016 preferred; 2015 acceptable) Federal tax return (IRS Form 1040, 1040-A, or 1040-EZ) that specifically lists the individual benefitting from the grant. IRS 1040 Schedules A, B, C, D, E are optional but not required. If a Federal tax return was not required to be filed, please include a signed statement with explanation.

 **Please Note:** In order to apply for a child, the child must be listed as a dependent on your most recently filed IRS 1040. If the child is not listed on your most recently filed IRS 1040, then we need a copy of both your most recently filed IRS 1040 and the most recently filed IRS 1040 on which the child is listed as a dependent.
**Grant amounts:**
Grants will range from $100.00 - $1000.00.

**Grant requests:**
You may apply to use the money for anything that improves the quality of life for your family member.

**Examples of possible uses of grant money:**
- Adapted bicycle
- Vision services
- Respite care
- Summer Camp
- Music classes/instruments
- Education conference fees
- Camp tuition
- Educational Books/Videos
- Video games
- Programs at Hannah & Friends
- Computer software
- Training Materials
- Puzzles and games
- Swimming lessons
- Educational Advocacy
- Occupational therapy
- Physical therapy
- Skating lessons
- Social skills training
- Horseback riding lessons
- Sports equipment
- Sensory Integration
- Speech therapy
- Art classes

**Application process:**
To apply for funds, please complete the enclosed application form and return it to:

**Hannah’s Helping Hands Grants**
51250 Hollyhock Road
South Bend, IN 46637

Applications will not be accepted via email or fax. **Applications will also not be accepted without a recommendation letter.** Feel free to explain any special circumstances regarding your need that may not be evident by completing the form.

Once your application is received, it will be reviewed to determine if you meet the above guidelines. Grant will be given by **September 1, 2017.** If your application is accepted, we will mail you the Hannah’ Helping Hands grant for immediate use. In order to qualify for grants in 2018, thank you letters and receipts must be mailed to Hannah & Friends by September 1, 2017 for summer grants and December 1, 2017 for general grants. If we cannot meet your request, you will receive a letter explaining the decision.

Due to the high volume of grant applications, we strongly ask that the Hannah & Friends office is not called prior to September 1, 2017 to see if a grant has been approved.

**Summer Grants**
If you would like to use your grant specifically for summer camp, please specify this on your application.

The deadline for summer camp grants will be April 15, 2017. All summer camp grants will be reviewed and mailed by June 9, 2017.

Applications turned in after the April 15, 2017 summer camp grant deadline will be treated as general grants and will be reviewed and mailed by September 1st.
Deadlines for Grants
April 15, 2017 – Deadline for summer camp grants
June 1, 2017 – Deadline for all 2017 applications
June 9, 2017 – All summer camp grants will be reviewed and mailed by this date
September 1, 2017 – Thank you letters and receipts for summer camp grants are due
September 1, 2017 – All grants will be reviewed and mailed by this date
December 1, 2017 – Thank you letters and receipts for general grants are due

Recommendation Letter Guidelines:
• Letters of recommendation must be written by a teacher, doctor, or therapist.
• Letter must be written on school, hospital, doctor's office, or company letterhead.
• Letters must be written within the past six months.
• Letters should describe the family's financial need and/or child's diagnosis.
• Letter must be mailed with the grant application and not mailed separately.

Documentation:
A family that receives money must send receipts or other proof of purchase (e.g. a form you may use to document your expenditures) for the agreed upon goods or services.

Thank you notes:
We also request that you send a note of thanks explaining how the funds were helpful to you. These notes are very important for us to let the organization and donors know how beneficial these funds are to families.

Questions:
Please email your questions to maureen@hannahandfriends.org or call 574-309-1716 if you have any questions regarding this application. When emailing Hannah & Friends, please specify which state you are submitting an application from.

You may also write us at:
Hannah’s Helping Hands Grants
51250 Hollyhock Road
South Bend, IN 46637

Before you mail your application, please make sure you have included the following items listed in the checklist. Please note that incomplete applications will not be reviewed.

Hannah's Helping Hands Grant Checklist

___________ Paper Application
___________ Recent photo of your child
___________ Recommendation letter from teacher or doctor
___________ Copy of 2016 or 2015 1040 form
Hannah’s Helping Hands 2017 Grant Program

APPLICATION

A letter of recommendation on behalf of your child from a doctor or teacher must be attached to this application.

DATE: ______________________

CHILD’S NAME: __________________________________________________________

CHILD’S BIRTHDATE: ______________________________________________________

DIAGNOSIS: ______________________________________________________________

PARENT/GUARDIAN NAME: ________________________________________________

PARENT/GUARDIAN SOCIAL SECURITY NUMBER: _____________________________

ADDRESS: ______________________________________________________________

TELEPHONE: ______________________________________________________________

EMAIL: _________________________________________________________________

DESCRIBE WHAT YOU ARE REQUESTING A GRANT FOR BY CHECKING THE
APPROPRIATE BOX:

□ I am applying for funding for my child to participate in programs at Hannah and Friends in South Bend, Indiana.

□ Other (Please describe)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

AMOUNT REQUESTING: $______________ ($100 - $1000)
Number of people (children and adults) living in your home including you: ________________

List your total household income including all members of the household and all sources of income (earnings, Social Security, child support, public assistance, etc.):

Please let us know if there are any special circumstances that affect your need for this grant.

________________________________________________________________________

________________________________________________________________________

List any prior support received from Hannah & Friends with Amount(s) and Year(s)

________________________________________________________________________

________________________________________________________________________

I certify that the information above is true.

__________________________  __________________________
Signature                        Date

Name (Please Print)

PLEASE RETURN THE APPLICATION FORM TO:
Hannah’s Helping Hands Grants
51250 Hollyhock Road
South Bend, IN 46637

Applications must be received no later than June 1, 2017.
Applications will not be accepted via email or fax.

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Before you mail your application, please make sure you have included the following items listed in the checklist. Please note that incomplete applications will not be reviewed.

___________ Paper Application  _____________ Recent photo of your child

___________ Recommendation letter from teacher or doctor

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