



## Halifax Helps Inc.

P. O. Box 545  
208 W. Whitfield Street  
Enfield, NC 27823  
(252) 445-5111

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### Halifax Helps Board of Directors

Debbie Hardy  
President

Bob Jones  
Vice President

Celia Strickland  
Secretary/Treasurer

Mitchell Smith

Suzanne Bumgarner

#### What is Halifax Helps Inc.?

Halifax Helps was established in 2008 to provide financial assistance to areas served by Halifax Electric Membership Corporation in economic development, education, emergency responders, energy efficiency, and environment.

#### From where do the funds for Halifax Helps come?

Funds come from members of Halifax EMC who are participating in the Operation Round Up program by having their electric utility bills rounded up to the next highest dollar.

#### Who is eligible for funding from Halifax Helps?

Individual members of Halifax EMC or organizations inside or outside HEMC service area who provided services to Halifax EMC members are eligible to apply for grants.

Political organizations of any kind are not eligible for funding.

#### What is the selection process?

Applications may be picked up in the Enfield or Macon offices of Halifax EMC; or may go online to [www.halifaxemc.com](http://www.halifaxemc.com) and click on Halifax Helps grant application.

Applications must be submitted to Halifax Helps at Halifax EMC. They will be reviewed by members of the Halifax Helps Board of Directors, who will make specific recommendations and/or awards. **The deadline is March 31, 2012.**

#### How does an organization/individual submit a grant?

Application should be submitted to Julia Allsbrook, Halifax Helps at 208 W. Whitfield Street, Enfield, NC or mailed to **Halifax Helps, Attention Julia Allsbrook, P O Box 545, Enfield, NC 27823.**

#### Important Note:

Incomplete applications will not be considered for a grant. All questions must be answered where applicable, all fields must be completed, and requested financial reports/documents, if any, attached.

***All grant recipients are responsible for any tax liability that may be incurred by this grant.***



# Halifax Helps Inc

## Information and Guidelines

(Established October 2008)

Halifax Helps Inc receives its funding through Operation Round UP<sup>®</sup> at Halifax Electric Membership Corporation. The funds are used to provide grants to charitable organizations inside or immediately outside\* Halifax EMC's service area provided the organizations serve members of Halifax EMC or to individuals in the Halifax EMC service area.

*\*For example, a school or hospital, not in Halifax EMC's service area, may have a significant number of Halifax EMC's customers benefiting from its service.*

### **Please use the following as a guide:**

- Must be for *charitable or nonprofit requests only*. Charitable status or a 501(c)(3) letter is not required, but applicant must affirm the funds will be used for the purpose requested.
- The maximum amount of grants awarded in a calendar year to **individuals is \$5,000 or to organizations is \$10,000.**
- Only one application per project or event will be accepted from any entity during a calendar year. (A calendar year being January 1 through December 31).

### **Funding Parameters**

Halifax Helps Inc **will** accept applications to fund activities to promote or enhance, but not limited to, the following areas:

- Economic Development
- Education
- Emergency Response
- Energy Efficiency
- Environment

Halifax Helps Inc **will not** accept applications to fund the following:

- General operating, tax or payroll expenses
- Political causes or lobbying
- Advertising
- Paying individuals' or organizations' utility or any other bills and/or expenses

### **Application Process**

1. To be considered for funding within an application period, applications must be received by Halifax Helps. Deadlines for applications are determined by Halifax Helps and are subject to change.
2. All applications must include details of how the funds will be used. For example "to purchase 200 books for the summer reading program" is acceptable detail, while "expenses for the summer reading program" is unacceptable. Requests for additional information may be made as needed.
3. Halifax Helps will notify all applicants as to the status of their requests and forward payment for approved grants in a timely manner after applications reviews.



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## Grant Application

### Instructions for completing application.

- (1) Please type application, if possible.
- (2) **Individuals** complete Sections **A, C, D, and E.**
- (3) **Organizations** complete Sections **A, B, C, D, and E.**
- (4) If you are requesting funds to purchase a specific item, please include a cost estimate and/or quote in addition to a detailed description of the item; if for a project, please attach an itemized budget. All quotes must be completed by a qualified contractor.
- (5) Mail your completed application to: **Julia Allsbrook,**  
**Halifax Helps Inc.**  
**P. O. Box 545,**  
**Enfield, NC 27823-0545.**

## Application for Grant

### A. PROFILE INFORMATION

Name of Organization/Individual \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Contact Person \_\_\_\_\_  
(Name) (Title)

Telephone Number \_\_\_\_\_  
(Work) (Home)

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

The grant request is for:     Individual                       Group                       Community

### B. ORGANIZATION INFORMATION

Organization is     For Profit                       Non-Profit                       501(c)(3) \_\_\_\_\_  
(Tax ID Number)

Purpose of the Organization  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Number of individuals, families or groups served annually \_\_\_\_\_

Geographic area served by the organization

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Does organization utilize volunteers?  Yes  No

Explain:

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Does your organization have a governing body?  Yes  No

**C. PROJECT DESCRIPTION**

Please check the appropriate category:

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Education   | <input type="checkbox"/> Emergency Response |
| <input type="checkbox"/> Energy Efficiency    | <input type="checkbox"/> Environment | <input type="checkbox"/> Other              |

Project Title/Item Requested \_\_\_\_\_

Describe the project and tell what specifically the money will be used for: (Please attach an itemized budget for the project and/or quote from a qualified contractor)

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Geographic area or individual's address to be served by project:

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If the request is for an individual, does the individual own or rent the property? \_\_\_\_\_

Project Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_

Who will benefit from the project or grant?

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**D. GRANT REQUEST**

**\*\*The maximum amount of grants awarded in a calendar year to individuals is \$5,000 or to organizations is \$10,000.**

Amount Needed for Total Project (Required) \$ \_\_\_\_\_

What is the minimum amount of funding needed to implement the project? \$ \_\_\_\_\_

Amount Requested from Halifax Helps \*\* (Required) \$ \_\_\_\_\_

Check One:

Estimated cost for item to be purchased \$ \_\_\_\_\_

Proposed budget for program to be implemented (Budget Attached) \$ \_\_\_\_\_

When funding is needed \_\_\_\_\_ Is this a one-time project?  Yes  No

Within what time frame will grant funds be spent?  3 months  6 months  9 months

1 year  More than a year

If more than a year, explain \_\_\_\_\_

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Will individual or organization accept partial funding for the project?  Yes  No

Will this project continue without additional funding?  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will these funds, if awarded, be used to leverage other funds?  Yes  No

Has your organization or individual previously applied for a grant from Halifax Helps?  Yes  No

If yes, did you receive a grant?  Yes  No

If yes, give date(s) and amount(s) of grants received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If individual or organization has previously received a grant from Halifax Helps, please attach an activity sheet detailing how the grant money was used. Is sheet attached?  Yes  No

Other sources of funding applied for and/or received for the project:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**E. CERTIFICATION**

In submitting this application the applicant agrees that it will spend funds solely for the purposes stated in the application and will refund any unexpended portion of such funds, if any. *The applicant will provide a final summary, in writing, at the end of the project to the Halifax Helps Board of Directors.*

\_\_\_\_\_  
Name of Organization/Individual

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## ADDITIONAL SIGNATURES

**(Organizations only!)** A minimum of three additional signatures from the governing body is required.

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Name		Title	
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Address	City	State	Zip
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Name		Title	
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Address	City	State	Zip
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Name		Title	
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Address	City	State	Zip
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