

Project Brighter Tomorrow 2023

NICF Community Support Grant - Imported

Miami County Helping Hands Inc

176 N Broadway
Peru, IN 46970-2234

mchh10@sbcglobal.net
O: 765-472-1875

Hershel Manhart

176 N Broadway
Peru, IN 46970-2234

mchh10@sbcglobal.net

Application Form

Under \$15,000 Community Support Application

Geographic Area Served*

Please select the county your project will impact.

Miami County

Program/Project Description

Project Name*

Project Brighter Tomorrow 2023

Project Description*

Please provide a brief summary of your request.

Miami County Helping Hands is a 501 (C) (3) human service agency formed to attack poverty by providing assistance in the form of food, housing, home heating, utilities, prescription medicine and other critical services to low income children and families at risk in our community.

Project Focus Area*

Human Services

Amount Requested from the Community Foundation*

\$10,000.00

Total Project Budget*

\$10,000.00

Project Start Date*

03/27/2023

Project End Date*

03/27/2024

Overview of organization:

Organizational Structure*

Does your organization have a 501 (c) (3) designation?

Yes

Letter of Incorporation

If this is a 501 (c)(3) organization, please upload a copy of the IRS determination letter.

HH EIN.pdf

Verification of Charitable Use of Funds

If you DO NOT have a 501 (c) (3) designation, please complete and upload a Verification of Charitable Use of Funds form.

Board and Staff*

Attach a list of your board of directors and staff names and addresses. If you do not have a board or staff, please attach a list of names and addresses of members of your organization.

HH staff.JPG

Corporate ownership and formal affiliations.*

Is your group or organization associated with or a subsidiary of a charitable organization?

Example: A local Boys and Girls Club may be an affiliate of the Boys & Girls Clubs of America.

No

Organization's establishment date and brief history.*

Tell us when your organization was established and a short narrative about your history within the community.

We opened our doors to the community on March 4, 2002 and as of December 31, 2021 we have provided short-term emergency assistance to 6,848 different Miami County families. Those 6,848 families represent 9,508 adults and 6,827 children age 18 and under. Four thousand one hundred and sixty four of those families are single parent homes, and 403 of our clients are over 65 years of age.

Principal services, purposes, and mission of your organization.*

Share your purpose, mission, and a brief narrative about the services you provide.

In a spirit of justice and charity and by person-to person involvement of our board and volunteer staff, we seek to help those who are suffering. We live our faith by loving and serving our neighbors. We accomplish this by assisting needy persons, children, families, elderly, homeless, transients or anyone in need. In all areas of assistance we promote human dignity and integrity. We are concerned not only with relieving need, but also with redressing the situation that caused it. Brighter Tomorrow '23 helps us in our effort to promote self-worth and determination among the county's needy.

What population (age, geography, income level, other) does your organization serve?*

Give us details about the people you serve through your services or programs.

Except for an infrequent transient, all our clients live in Miami County and all have incomes at or below 185% of the federally established poverty level. We have provided a two-week supply of groceries on 89,393 occasions and expended over \$947,736 to assist needy residents with rent, utilities, home heat, transportation and medical prescriptions. We helped 1,858 times with shelter, 4,682 with utilities, 2,988 with heat, 8,410 with transportation, 1,719 with medical bills and prescriptions and 7,687 with a variety of other assistance. We have distributed over \$441,671 of food that we purchased, most of which came from Food Finders Food Bank at a cost of 19 cents per pound, and \$975,644 of in-kind donations contributed by area churches, grocers, organizations and individuals.

Demographic file upload

Upload any documentation regarding demographic served.

Need for the Project*

Explain or describe the need for the project/program for which you are seeking funds. Also: What sources of verification can you cite to demonstrate these needs? (i.e. statistics, regulation, surveys, etc.)

Use the button below to upload any documents if available.

We have provided services 105,814 times since our genesis. (Data is as of December 31, 2021). Added note: On November 14, 2022 we served our 7,000th individual household.

Verification Documentation

Upload any studies, statistics, regulations, surveys, etc.

Past and Current Efforts*

Describe past and current efforts within the community to address the identified needs.

Our efforts help to hold families together until they can improve their employment situation, complete paperwork and waiting periods needed to get help from existing state and federal programs, or find programs designed to help with their specific problem.

Collaboration and Duplication of Services

Similar Services*

Are you aware of any other organizations providing similar services?

Don't Know

Comment: This was my comment to the question.

Collaboration*

For this program or project, are you collaborating with another organization?

Yes

Comment: This was my comment: I have witnessed them working with other agencies.

Sources of Funds and Project Sustainability

Source of Funds*

If the application is for a new service, pilot project, survey, or study, explain the source of funds to carry on the project (if any will be needed) after any initial grant money is spent.

n/a

Continued Support Explained

If this is not a one-time project. please elaborate on how this project/program will continue to be supported beyond the scope of this grant.

n/a

Program Goals, Assessments, and Promotion

Project Goals & Anticipated Outcomes*

Project Goals: What issues do you hope to address with this project or program?

Anticipated Outcomes: What do you hope to achieve?

n/a

Promotion*

What public relations methods will be used to communicate to your donors/members/supporters, and the public, about any grant support you receive from the Foundation?

n/a

Summary of How This Project/Program Will Be Financed.

Source of Funds for the Project.

A summary of how this project or activity will be financed.

- * We place a lower priority on projects where Fulton County Community Foundation is the sole funder.

[Unanswered]

Comment: *See attached budget page.*

Source of Funds	Amount
From Federal, State, City or County Government	
From other Foundations	
Public contributions or donations	
Loans	
Your organization’s contributions	\$0.00
Amount you are requesting from the Community Foundation.	\$0.00
Other resources	
TOTAL SOURCES OF FUNDS	0

Project/Activity Expenses:

How the project money will be spent.

- Answer Yes or No on items you are requesting funding from the Community Foundation (CF).
- Choose 1 through 10 on the items and their importance to the project's success. 1 being most important and 10 being less.

Items	Name of Item for Project/Activity	Item Amount	Rate of Importance
Item 1	Food, cleaning supplies and Grooming items*	\$2,000.00	1
Item 2	Rent Assistance	\$2,000.00	2
Item 3	Heat and Utilities Assistance	\$2,000.00	3
Item 4	Medical	\$2,000.00	4
Item 5	Other Assistance (Trans., misc.,etc.)	\$2,000.00	5
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Totals	0	10000	15

Additional Information

Upload copies of best estimates, contractor proposals, flyers, or any information that will help the committee understand your project.

HH budget.pdf

Other Applications Submitted for the Project*

Please list other organizations to which you have applied for funding for this project.

Dukes Healthcare Foundation * Application later in 2023
 NIPSCO

Catholic Campaign for Human Development*
Lilly Foundation (denied)
Sams Club*
Beacon Credit Union*
Smithfield Foods*
American Family Insurance* Kroger Foundation*

Collaboration Information

Collaborating Organizations

Name the organization(s) you are working with on this project and elaborate on the details of your collaboration.

Many in Miami County

Comment: *My comments*

File Attachment Summary

Applicant File Uploads

- HH EIN.pdf
- HH staff.JPG
- HH budget.pdf

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 05 2006

MIAMI COUNTY HELPING HANDS INC
65 S MIAMI ST
PERU, IN 46970-0000

Employer Identification Number:
35-2138549
DIN:
17053091903086
Contact Person:
ERIC J BERTELSEN ID# 31323
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated OCTOBER 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

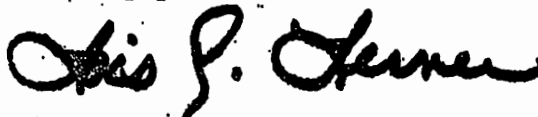
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Staff



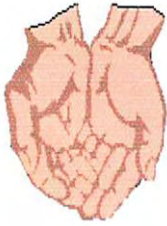
Founder and CEO
Hershel Manhart



Executive Director
David Smith



Executive Director
Diane Skillen



Miami County Helping Hands Inc.

176 North Broadway
Peru, IN 46970
765/472-1875

Project Brighter Tomorrow '23 Budget

Time period this budget covers: January 1, 2023 to December 31, 2023

BUDGET EXPENSES

Operating Expenses (67% of MCHH expenses)

1) Rent	\$12,060.00
2) Utilities, phone, repairs, dues, insurance	\$23,450.00
3) Office supplies, forms, equip. postage, promo, misc.	\$ 4,958.00
4) Volunteer Recognition	\$ 670.00
5) Office Cleaning Service	\$ 3,350.00
6) Pest Control	\$ 402.00
7) Audit	<u>\$ 7,370.00</u>

Total Operating Expenses **\$52,260.00**

Assistance Expenses

1) Food, Cleaning Supplies & Grooming Items	\$153,000.00*
2) Rent Assistance	\$ 40,000.00
3) Heat & Utilities Assistance	\$ 90,000.00
4) Prescriptions and Medical Trans.	\$ 12,000.00
5) Other Assistance (Misc., Trans., etc.)	\$ 9,000.00
6) Special projects; e.g. fans, crock pots, etc.	\$ 1,500.00
7) 20% of Harvest for Hunger to Macy Food Pantry	<u>\$ 4,000.00</u>

Total Assistance Expenses **\$309,500.00**

Total Expenses **\$361,760.00**

BUDGET REVENUE

	Amount Needed	Committed	Pending	Approximate Notification Date
Cash (Corporate, Church, Individual)	\$ <u>155,326.00</u>	\$ 13,703.25	\$ 141,622.75	on-going
In-Kind Contributions	\$ <u>108,000.00</u>	\$ 3,355.00	\$ 104,645.00	on-going
Walk-A-Mile	\$ <u>21,000.00</u>	\$ 0	\$ 21,000.00	April 2021
Harvest for Hunger	\$ <u>20,000.00</u>	\$ 0	\$ 20,000.00	Dec. 31, '21
Grants	\$ <u>15,500.00</u>	\$ 0	\$ 15,500.00	on-going
Heat Assistance Appeals	\$ <u>15,000.00</u>	\$ 0	\$ 15,000.00	Dec.31, '21
Inc. from Endowment	\$ <u>26,934.00</u>	\$ 26,934.00	\$ 0	complete
TOTAL	\$ 361,760.00	\$ 43,992.25	\$ 317,767.75	

*\$45,000.00 cash purchases & \$108,000 in-kind donations