

DCEA HELPING HANDS FUND GUIDELINES

Revised 6/6/19

Through the Helping Hands Fund, DCEA is able to help those with extraordinary needs who cannot be helped by existing programs. Employees are able to contribute to the fund through payroll deductions or personal contributions. **THE HELPING HANDS FUND IS VOLUNTARY AND NOT A REQUIREMENT.** Recipients are referred solely through recommendations from DCEA employees. Gifts provided are approved at the discretion of the Helping Hands Committee.

Guidelines:

1. Verification of need is required prior to presenting to Committee for approval.
2. Referrals must come solely from employee recommendations with first hand knowledge of the situation – recipients can be referrals from other DCEA programs or a DCEA employee with an extraordinary need.
3. A basic form must be completed with recipient information for our records.
4. Eligibility and gift limits will be determined on a case-by-case basis. However, payment of deposits (security deposits, utilities, etc.) are not ineligible. The maximum which may be spent is \$400.00 per request.
5. Gifts to recipients will be in the form of a “voucher”. For example: gas cards, direct payment to a medical facility, or gift cards for groceries. Under no circumstances will cash be given to recipients.
6. Approvals can be made via conference call and approval by 4 of the 7 Committee members is required.
7. A donation earmarked for a specific need will be honored without Committee approval.
8. A general report will be prepared at the end of each fiscal year recapping those assisted by Helping Hands.
9. Outside fund raising and advertising (including websites) is not permitted.
10. ANY “In-house” fundraisers must be approved by Executive Director.
11. A Christmas gift for a person/family in need may be purchased from these funds, if necessary.
12. All donations will be accepted for the Helping Hands Fund.

DOUGLAS-CHEROKEE HELPING HANDS REQUEST FOR ASSISTANCE

Name of Employee Making Nomination:

Date:

Name of person for whom you are seeking assistance:

What is your relationship to the person seeking assistance (relation, friend, unknown*):

*If unknown, referred by:

Please describe the situation and type of assistance needed:

Signature of Employee Completing Form
