



## GRANT INFORMATION

**Torch Helps MISSION: Torch Helps, Inc., is a non-profit corporation with the mission to carry the torch for others in our communities by providing financial support to non-profit organizations that aid individuals and families who lack access to basic health and human services, or who require assistance to meet their fundamental needs for food, clothing, shelter, medical care, mental health, safety and enrichment opportunities for the underserved, as well as non-profits that provide benefits to underserved populations.**

Through Torch Helps, Inc., Torch Technologies employees strive to serve the community by sharing their time and resources to support the needs of the community. Torch Helps, Inc. is funded by employees of Torch Technologies and is administered by the employees through a Board of Directors.

Eligible non-profit organizations may apply for Torch Helps grants by submitting an application based on the following information and instructions.

### **Eligibility**

- Must be a non-profit organization recognized under section 501(c)(3) of the Internal Revenue Code and contributions shall be deductible by donors under section 170 of the Internal Revenue Code.
- Must file an IRS 990 or 990EZ. Agencies filing 990N are not eligible for a Torch Helps quarterly grant but may be considered for a Torch Helps small/special grant.
- Must be a community-based organization operating in the area of Torch Technologies employees' residence.
- Services rendered by agency must be open to all members of the community regardless of race, religion, political affiliation, ability to pay, or background.
- Mission of agency must be in-line with the Torch Helps mission.
- Agencies intended use of Torch Helps grant monies must be in-line with the Torch Helps mission.
- 100% of Torch Helps grant monies must be used in area of Torch Employee's residence.
- Agency must meet criteria set forth by Better Business Bureau Wise Giving Alliance Standards for Charity Accountability (see [www.bbb.org](http://www.bbb.org) for details of standards).

### **Ineligibility**

- Non-profit without a current 501(c)(3) status
- Individuals
- Private Foundations
- Public or Private Educational Institutions to include non-profit
- Tax Supported Institutions
- Social Organizations/Committees
- Religious organizations without secular community designation (i.e. must provide services to people regardless of their religious beliefs. Example: A food bank that is a separate 501(c)(3) organization from a church that provides food to anyone who qualifies for services, regardless of religious belief.)
- Agencies that have received a Torch Helps grant in the past 24 months.



## **Application Instructions**

- Applications for grants must be submitted on a Torch Helps application form. The forms must be complete and signed by an authorized official as well as the Board President or Chairperson. Additional information (brochures, letters, etc.) about the organization may be attached to the application.

## **Application Process**

- Grant applications must be completed, signed and returned by mail or delivered in person to:  
**NOTE: Please include a printed copy and an electronic copy (via CD/DVD/Thumb Drive) of the Web Page Content Form.**

Torch Technologies  
Attn: Torch Helps Grant Application  
4090 Memorial Parkway SW  
Huntsville, AL 35802

- Applications may be submitted at any time. Applications must be submitted before the deadline for a specific quarterly grant to be considered for that grant.
- All applications are subject to an initial screening for eligibility and to ensure required information has been submitted.
- Applying organizations should be prepared to receive a visit from a Torch Helps representative, for the purpose of a “fact finding” interview.
- Applications will remain on file for six months from date of receipt.
- Organizations selected to receive a Torch Helps quarterly grant will be ineligible for additional consideration for twenty-four months from date grant is received. Please DO NOT re-apply prior to 24 month waiting period.



## Application Checklist

Item	Comments	Check if included
<b>Application Completed</b>	All sections must be completed	
<b>Application Signed</b>	Must be signed by both the Executive Director and Board President or Chairperson	
<b>IRS Determination Letter</b>	IRS determination that agency is non-profit 501(c)(3)	
<b>IRS Form 990 and Schedule A</b>	Submit latest year.	
<b>Audited Financial Statements</b>  <b>Or</b> <b>Unaudited Financial Statements</b>	Audited financial is preferred however if audit has not been performed, please submit unaudited.  Unaudited must include balance sheet and income statement	
<b>Auditor's Management Letter</b>	Required if audited financials are available	
<b>Budget for Current Fiscal Year</b>	Budget must be board approved	
<b>CD/DVD/Thumb Drive with Completed Web Page Form</b>	Please make sure the description for use of grant money is clear and concise. This information is used to select winning agency.	
<b>Self-Addressed Envelope</b>	If you wish to be notified regarding results of the review of your application and screening for eligibility	



## GRANT APPLICATION

Please make sure you complete Sections 1, 2, 3 and 4. Type or print in ink.

**Section 1:** Please complete all of the following:

**Date:**

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**Agency Name:**

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**Address:**

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**Telephone:**

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**Agency Website:**

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**National Headquarters:**

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**Agency Point of Contact  
(POC) Name:**

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**POC Phone:**

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**POC Email:**

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**If referred by Torch  
Technologies employee please  
provide employee name:**

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Information	Board President (Chairperson)	Executive Director
Name		
Address		
Telephone		

**Note:** Attachments may be used for questions requiring additional space.



1. Does the organization have a current 501(c)(3) status; and are contributions deductible by donors under section 170 of the Internal Revenue Code?  
YES \_\_\_\_\_ NO \_\_\_\_\_ (If no please explain)
2. Is the organization a local affiliate of a national organization?  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. Is the organization managed, operated, controlled or affiliated with one of the following: religious, civic, political, tax supported, labor, fraternal or educational institution/organization?  
YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes please explain)
4. Are the services/benefits you provide in any way based upon a beneficiary's affiliation with any of the following: religious, civic, political, cultural, labor, fraternal or educational institution/organization?  
YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes please explain)
5. Does your organization charge for services provided?
  - A. Are services based on clients' ability to pay?
  - B. How are fees for services determined?
6. Please describe the purpose(s) and major program(s) of your organization. (You may attach literature, brochures along with description)
7. Please describe specifically how your organization would use Torch Helps grant monies including who, what, when, where, and why. A breakdown of costs is encouraged. The first 100 words should be the same description as provided in Section 4: Web Page Content Form. You may provide additional information in response to the question for clarification purposes, however do not exceed the 100 word limit on web page content form.
8. If your organization receives a Torch Helps grant, what is the time frame or schedule for expenditure of these funds?
9. What region, location and/or client group will be served by the programs(s) for which this grant application is being submitted?
10. Will 100% of Torch Helps grant monies be used in region/location indicated in question 9? (i.e. does all money remain local)



11. If issued a Torch Helps grant, the organization will be required to provide, within 60 days after utilizing grant funds, a report describing the use of the funds, expenditure receipts, and any other information to illustrate funds usage. Photographs of utilization should be submitted, submission of such information implies permission for Torch Helps to use on website or other information sites. Is your organization willing to comply with this requirement?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If no please explain)

12. Please provide names, addresses and telephone numbers of three individuals outside your organization who are knowledgeable of your program(s).

13. Please attach the following information:

- A. Complete IRS determination letter.
- B. IRS Form 990 and Schedule A for last fiscal year filed (Note: if last fiscal year has not been filed please provide copy of request for extension as well as the most recently filed IRS Form 990)
- C. Financial Statements for last fiscal year: If available please provide audited financial statements for last fiscal year. If audited statement is not available please provide reviewed or unaudited financial statements. Financial statements should include balance sheet, income statement and any other appropriate schedules required to complete Section 2 of this application.
- D. Auditor's management letter (if one is issued)
- E. Budget: Board approved budget for current fiscal year. Please identify any income sources that are not firm commitments.
- F. Latest Annual Report – If not available please provide explanation.

Explanation for not providing Annual Report:

- G. Complete Web Page Content Form. **NOTE: Please submit a printed copy along with an electronic copy (via CD/DVD/Thumb Drive) of the Web Page Content Form**

All financial information will remain confidential within Torch Helps Board of Directors and Review Committee.

14. Optional - Provide a self-addressed envelope for notification of the results of the review of your application and screening for eligibility.



**Section 2:** Please complete the following:

Torch Helps reviews each agency for eligibility using the BBB Wise Giving Alliance Standards for Charity Accountability (see [www.bbb.org](http://www.bbb.org) for details of standards). Please provide answers to the following questions:

<b>Standard 1 - Board of Directors (BOD)</b>	<b>Yes / No</b>	<b>If no, please explain</b>
BOD formally reviews the performance of the chief executive officer at least once every two years.		
BOD formally approves the budget		
BOD ensures that arrangements with outside fundraising firms are made in writing.		
BOD receives information (for example, a written summary) about the financial arrangements with such firms and, if applicable, the anticipated portion of the gross proceeds that goes to the charity.		
BOD has formally approved a conflict of interest policy and regularly monitors it to ensure adherence.		
BOD appoints a voting member of the board (e.g., treasurer, finance committee chair, or some similar title) to oversee the charity's finances and report to the board.		
BOD ensures that no person holds the offices of both chair and treasurer at the same time.		
BOD receives on an annual basis the charity's IRS Form 990.		
BOD receives on an annual basis, the charity's audited financial statement (if not available then an unaudited financial statement).		
BOD receives on an annual basis the auditor's management letter (if one is issued).		



<b>Standards 2 and 4: Please provide information regarding Board members</b>			
Member's Name	Member's Position	Voting or Non-Voting	Compensated or Uncompensated*

\*Compensated includes the following:

- **directly compensated** voting members of the board are those who receive payments (cash and/or in-kind) from the organization (e.g., paid staff member, paid consultant, etc.)
- **indirectly compensated** voting members of the board are those who are direct family members (e.g., spouse, parent, sibling, and child) of any of the directly compensated individuals noted above
- voting members of the board who receive **honoraria** are considered to be directly compensated
- voting members of the board who receive only **reimbursements for expenses** incurred are not considered to be compensated
- voting members of the board who are **paid staff members of affiliated organizations** are considered to be directly compensated if, and only if, financial and governance relationships between the subject organization and the affiliated organization are such that generally accepted accounting principles (GAAP) require the affiliated organizations to have combined audited financial statements.

<b>Standard 3: List of BOD meetings for the past fiscal year</b>				
Date of Meeting:				
Number of Board members attending				

**NOTE:** The source of information for Standards 8, 9 and 10 should be the Audited/Reviewed or Unaudited Financial Statements. If information is not included on these statements please refer to the IRS Form 990. Provide a copy of the source of information and below provide the associated page or line number from the source.





<b>Standard 8:</b>		
<b>Item</b>	<b>Amount</b>	<b>Source of information/Page and Line Number*</b>
Program Expenses		
Total Expenses		

<b>Standard 9:</b>		
<b>Item</b>	<b>Amount</b>	<b>Source of information/Page and Line Number**</b>
Total Fundraising Expenses		
Total Related Contributions **		

\*\*Related contributions include donations, legacies, and other gifts received as a result of fund raising efforts.

<b>Standard 10:</b>		
<b>Item</b>	<b>Amount</b>	<b>Source of information/Page and Line Number**</b>
Total Unrestricted Net Assets		
Total Expenses		

**Section 3:** Please provide appropriate signatures:

We certify that all information on this application is true and accurate, and agree to comply with all requirements of this application.

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board President/Chairperson

\_\_\_\_\_  
Date



**Section 4**

**Torch Helps – Web Page Content Form**

**NOTE: Please submit a printed copy and electronic copy (via CD/DVD/Thumb Drive) of this form.**

This information will be presented on the public Torch Helps website where our contributors will be asked to vote for the charity of their choice. The website is located at <http://www.torchhelps.com>.

The information provided on this form will not be used by the Torch Helps Review Committee to determine whether or not an agency qualifies for a grant. The Review Committee will only review this information to ensure that it is suitable for presentation on the Torch Helps web site. If questions are redundant, please provide more details in the grant application and a brief summary on this form.

Organization Name: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agency POC- Name/Number: \_\_\_\_\_

Service Area(s): \_\_\_\_\_  
*Please specify by county*

Agency Web Link: *http://* \_\_\_\_\_

**If referred by Torch Technologies employee, please provide employee name:** \_\_\_\_\_

**Mission Statement:**

**Describe specifically how the grant money will be used.**

**This information will be used in selection process (100 words maximum):**

NOTE: Use same description as provided in question 7 of the application.

*We reserve the right to edit or reject submissions that exceed the word count, contain typographical or grammatical errors, or are unsuitable for presentation.*