Purpose of the Benevolence Fund
The Benevolence Fund is intended for charitable purposes in our community. Funds will be given to 501 (c) (3) Corporations (Nonprofit) and/or Agencies, by application, to those in need in the International Falls area. Its receipts consist primarily of the 10% of the donations received by the monthly Ruby’s Pantry Food Distributions.

Oversight and Accountability
A committee will be appointed by the Ruby’s Pantry Site Coordinator from the Ruby’s Pantry Leadership Team. The Benevolence Fund Committee will be required to give a quarterly report to the Treasurer for filing with the Ruby’s Pantry head office.

Contributions to the Benevolence Fund may not be earmarked or otherwise designated for a particular purpose or individual. In order to comply with IRS regulations concerning charitable contributions, all contributions to the Benevolence Fund must be unconditional and without benefit to the donor.

General Guidelines
The stated purpose of the Benevolence Fund is to meet people’s basic needs. This section lists some of the most basic needs, or circumstances, under which financial assistance may be disbursed from the Fund:
- FOOD
- SHELTER
- UTILITIES
- MEDICAL TREATMENT
- TRANSPORTATION

A Nonprofit or Agency seeking assistance from the Benevolence Fund should take the following steps:
1. Completely fill out a “Benevolence Request Application” form.
2. The application will then be reviewed by the Benevolence Fund Committee. The Committee may contact the applicant for additional information or to schedule a meeting.
3. The applicant will be informed of the status of the application after the next monthly meeting of the committee.

Disbursement of the Fund
All disbursements from the Benevolence Fund shall be made directly to the Nonprofit, Agency or entity to whom payment is due. No Funds will be given directly to the person or household requesting the assistance.
BENEVOLENCE REQUEST APPLICATION:
To be completed by 501(c)(3) or Agency requesting funds

Date ______________________

Name of Nonprofit or Agency ___________________________________________

Street Address _______________________________________________________

City ___________________________ State __________

Zip Code ________________ Telephone ________________________________

Email Address _______________________________________________________

Please indicate whether:  Nonprofit ___________ or Agency ___________

Please provide IRS Determination Letter of 501(c)(3) status

Brief description of assistance and amount requested:

____________________________________________________________________

____________________________________________________________________

Contact person and Title ___________________________ (signature)         

Please submit Request Application to:
Treasurer Ruby’s Pantry
Backus Community Center
900 Fifth Street
International Falls, MN 56649

Backus Ruby’s Pantry - February 2018