



PARTNERSHIP REQUEST FORM

Thank you for your interest in partnering with Helping Hands Gives. Please complete this form in full so that we can evaluate your request. Incomplete submissions may delay review. Requests should be submitted at least sixty (60) days before the requested support date or event date whenever possible.

Completed forms and supporting documents may be returned to info@helpinghandstc.com.

APPLICANT AND ORGANIZATION INFORMATION

Organization or Group Name: _____

Contact Person: _____ Title: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____

ZIP Code: _____ County: _____

Website: _____ Social Media Handle(s): _____

Organization Type

- ☐ 501(c)(3) Nonprofit Organization
- ☐ School, School District, or Educational Institution
- ☐ Faith-Based Organization
- ☐ Government or Municipal Agency
- ☐ Community Group or Grassroots Organization
- ☐ For-Profit Business
- ☐ Individual or Family
- ☐ Other: _____

Tax-Exempt Status

- ☐ Yes, our organization is tax-exempt. ☐ No ☐ Not applicable

Employer Identification Number (EIN), if applicable: _____

Fiscal Sponsor, if applicable: _____



PROGRAM, PROJECT, OR EVENT INFORMATION

Name of Program, Project, or Event: _____

Which Helping Hands Gives initiative best aligns with your request?

Select all that apply.

- ☐ Bloom: Early Development and Family Support
- ☐ Thrive: Independence, Life Skills, Financial Literacy, and Workforce Development
- ☐ Protect: Safety, Basic Needs, and Community Stability
- ☐ Belong: Autism, Disability Inclusion, and Community Participation

Type of Support Requested

Select all that apply.

- ☐ Financial Sponsorship
- ☐ Program Sponsorship
- ☐ Event Sponsorship
- ☐ Supplies or Materials
- ☐ Scholarship or Participant Assistance
- ☐ In-Kind Support
- ☐ Community Collaboration
- ☐ Other: _____

Amount of Financial Support Requested, if applicable: \$ _____

Requested Support Date or Event Date: _____

Event or Program Location: _____

PROGRAM DESCRIPTION AND COMMUNITY IMPACT

a. Please describe your program, project, or event.



b. Who will the initiative serve?

c. Approximately how many individuals will benefit?

d. What geographic area or community will be served?

e. How does this request align with the Helping Hands Gives initiative or initiatives selected above?



f. How will the support provided by Helping Hands Gives be used?

g. What impact do you expect the program or project to have?

SPONSORSHIP DETAILS

Are there sponsorship levels or packages available?

☐ Yes ☐ No

If yes, please describe the available sponsorship opportunities.

Will Helping Hands Gives receive recognition for its sponsorship?

Select all that apply.

- ☐ Website Recognition
- ☐ Social Media Recognition



- ☐ Event Signage
- ☐ Printed Materials
- ☐ Logo Placement
- ☐ Verbal Recognition
- ☐ Sponsorship Recognition Is Not Applicable
- ☐ Other: _____

Are other organizations sponsoring or supporting this initiative?

- ☐ Yes ☐ No

If yes, please provide additional information, including the names of the other sponsors and the type of support they are providing.

SUPPORTING DOCUMENTS

Please attach any documents that may help us evaluate your request. Check each item that is included with this submission.

- ☐ Sponsorship Packet
- ☐ Program Overview
- ☐ Event Flyer
- ☐ Project Budget
- ☐ IRS Determination Letter, if applicable
- ☐ Organizational Brochure
- ☐ Funding Proposal
- ☐ Other Supporting Materials: _____
- ☐ No supporting documents are being submitted at this time.



Documents may be attached to this form or emailed to info@helpinghandstc.com with the name of your organization in the subject line.

ADDITIONAL INFORMATION

Is there anything else you would like Helping Hands Gives to know about your organization or request?

7. APPLICANT ACKNOWLEDGMENT

By submitting this form, I understand that:

- Submission of this request does not guarantee sponsorship, funding, or partnership.
- Helping Hands Gives determines which requests align with its charitable initiatives and available resources.
- Additional documentation may be requested before a decision is made.
- Funding and sponsorship decisions are made at the sole discretion of Helping Hands Gives.
- If selected, my organization may be asked to provide information regarding how the sponsorship or support was used and the impact of the initiative.

☐ I have read and agree to the acknowledgment above.

Name of Person Submitting Request: _____

Title: _____ Organization: _____

Electronic Signature: _____ Date: _____