USO NORTHWEST HELPING HANDS PROGRAM
PROCEDURES AND GUIDELINES
(Revised May 2019)

Background:
The USO's overall priority for customer service is focused on direct support of active duty military personnel with priority placed on those deployed overseas. Military personnel serving in CONUS and spouses of deployed service members are the next level of priority. Other service family members and retired veterans can be served if the other levels of service are not compromised.

The USO Northwest's Helping Hands program is intended to assist the military community in ways and locations where our normal direct services cannot be applied and is consistent with the priorities above. Administration through the USONW Programs Committee has provided a means for consultation and a way to distribute the resources allocated to this program in a flexible and equitable fashion.

Considerations in Awarding a USONW Helping Hands Program:
An equitable distribution among services represented in the Northwest.

Geographic distribution of the program to provide support consistent with the USO mission and promote awareness of the USONW where we are not otherwise able to assist.

Cost-effective uses of program funds to most directly benefit the greatest number for the least cost. (A target cost of $1/member served is based on past history but this is a discretionary number; generally maximum programed is $500.00)

Contribution where traditional funding sources are not available, not as a replacement for them.

Distribution of program at a relatively uniform rate during the year to maintain funding access.

Who Can Apply for a USONW Helping Hands Program: Any military member or Family Readiness Group representative can apply on behalf of their unit using the Request for USO Funds application form. Coordination through CSM/CMC/CCMs in the USONW's Senior Enlisted Advisory Council is encouraged but is not a necessity.

Awardee Information Request: Recipients of a USONW Helping Hands Program are requested to provide a short narrative of the program outcome suitable for our newsletter or testimonial use, a photo for the same reason and documentation of expenditures as feasible.

LIMITATIONS: USONW Helping Hands Program is directly focused on military personnel, deserving service families and their operating units. Helping Hands Program are not intended to support conferences, fundraising events or to supplement cause marketing strategies of commercial enterprises in any fashion. (This does not exclude collaborative partnerships with the USONW in general, only the funding process supporting such initiatives.)

PLEASE E-MAIL THIS FORM TO THE ADDRESSES BELOW

USO Northwest
17801 International Blvd
PMB 313
Seattle, WA 98158

Telephone: (206) 246-1908
Fax: (206) 246-1914
E-mail: officemanager@usonw.org
director@usonw.org

REQUEST FOR USO FUNDS

Date of Request: _____
Date Funds Needed by: _____

Select Branch of Service: ☐ **Army** ☐ **Air Force** ☐ **Navy** ☐ **Marines** ☐ **Coast Guard**

Services or Supplies ☐ **Emergency Funds** ☐ **Event** ☐

Name of Event: _____ **Date:** _____
Location of Event: _____ **Amount Requested:** _____
Name of Organization/Unit Requesting USO Donation: _____
Name of Requester: _____
Cell of Requester: _____
E-mail of Requester: _____
E-mail of Commanding Officer/Officer in Charge: _____
Number of Military/Dependents/Children to be served: _____/_____/_____
Proposed Use of Funds: (PLEASE BE SPECIFIC)
_____
_____
_____

What organization should check be made out to? _____
Mailing Address _____
Unit Commanding Officer _____
(Email if Interested in Mariner Tickets): _____

Please take a moment to acknowledge our support. Your response on letterhead is invaluable to USONW, as it provides the foundation by which we garner funds to support our mission of serving the men and women in uniform and their families. The USO Northwest mission is to enhance the quality of life of U.S. Armed Forces personnel and their families and to create a cooperative relationship between U.S. Military communities and those involved or supporting civilian communities.

For Office Use:
Board Approval Via E-mail T.C.: _____ **Board Approval Via E-Mail M.A.:** _____
E.D. Approval: _____ **Check # Issued:** _____ **Check Date:** _____