

**USO NORTHWEST HELPING HANDS PROGRAM  
PROCEDURES AND GUIDELINES  
(Revised November 2016)**

**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

USONW  
17801 International Blvd  
PMB 313  
Seattle, WA 98158



Northwest

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

REQUEST FOR USO FUNDS

Date of Request: \_\_\_\_\_  
Date Funds Needed by: \_\_\_\_\_

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? \_\_\_\_\_

Unit Commanding Officer \_\_\_\_\_

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

(if approved): \_\_\_\_\_

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.

<p><b>For Office Use:</b> Board Approval Via E-mail T.C.: _____ Board Approval Via E-Mail M.A.: _____ E.D. Approval: _____ Check # Issued: _____ Check Date: _____</p>
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