



For more information, contact:
Honda Manufacturing of Indiana, LLC
Corporate Communications
Hands on Honda Volunteer Program
812-222-6000
hmin_cc@hmin.honda.com
www.indiana.honda.com



Moving Communities
Forward



HONDA

Honda Manufacturing of Indiana, LLC

Starting the movement takes five simple steps...

- Step 1 Volunteer a minimum of 40 hours to an eligible 501(c)(3) organization.
- Step 2 Complete the "Grant Request Form". Incomplete forms will not be processed and will be returned. Additional copies of this grant application can be obtained in the Administration office.
- Step 3 Forward the entire form to the non-profit for which you volunteered.
- Step 4 The non-profit organization must complete their section and return the completed grant request with a copy of their 501(c)(3) certification to:
- Honda Manufacturing of Indiana, LLC
Corporate Communications
Hands on Honda Volunteer Program
2755 N. Michigan Ave.
Greensburg, IN 47240
- Step 5 Upon verification of all eligibility information, Honda Manufacturing of Indiana will issue a \$200 check on behalf of the volunteer. A confirmation letter will be sent to the volunteer when the payment is made.

One person can make a difference...
One hour can change a lifetime...
One act of kindness can impact a life forever...
One community can touch the world...



The movement begins with you...

At Honda Manufacturing of Indiana, giving back is a part of our all-encompassing passion for quality. We know that a commitment to quality begins with the actions of one individual, extending through an entire team and ultimately impacting a whole community.

Quality is a mindset that's reflected in how we build cars and help strengthen the communities where we live and work.

About the Hands on Honda Volunteer Program

Who is eligible for the program?

This program is open to all full-time HMIN associates, spouses or domestic partners who volunteer a **minimum of 40 hours** to approved non-profit organizations **within a 12-month period**.

How does the Hands on Honda program work?

A \$200 grant is offered to **one** qualifying organization for which the associate, spouse or domestic partner is volunteering. Volunteers must contribute 40 hours of community work to quality for a Hands on Honda grant. You can also double your grant if both the associate and spouse/domestic partner volunteer.* The associate and spouse/domestic partner may combine their hours of service to accumulate 40 hours or the spouse/domestic partner may volunteer all 40 hours.

The associate and spouse/domestic partner may apply for only **one** Hands on Honda grant per 12-month period, and it begins upon the anniversary date of the previous grant payment. Volunteer hours cannot be counted prior to employment with HMIN. Hours of service must be during the volunteer's personal time.

What organizations qualify?

An organization is eligible if it has been designated by the Internal Revenue Service as a non-profit, tax-exempt public charity under Section 501(c)(3). Only organizations with their 501(c)(3) certification will be accepted. An organization in the Advance Ruling Period is not eligible. It is the volunteer's responsibility to verify desired organization's legal non-profit status.

What organizations are excluded?

A Hands on Honda grant is exempt from political groups, labor organizations, trade or business organizations, fraternal, social or service clubs, churches and religious groups (except for non-sectarian social services activities available to the broader community, such as senior centers, church owned housing projects, recreational services, etc.). One-time fundraising events do not qualify (unless the event is in conjunction with an agency for which the associate/spouse or domestic partner regularly volunteers). Hands on Honda grants cannot be used to fulfill personal pledge obligations.

**Must complete a separate form for each volunteer.*

Hands on Honda Volunteer Program Grant Request Form

Volunteer: Complete this section with all applicable information (please print neatly), then forward the entire form to the non-profit organization for completion.

HMIN Associate Spouse/Domestic Partner

Associate Number	Associate Last Name
Associate First Name	Spouse/Domestic Partner Full Name
Address	
City	State Zip
Phone Number	County
E-mail	
Department	Shift

Extension/Cell Phone #	Team Manager																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Associate # of Hours Volunteered</td> </tr> <tr> <td colspan="2" style="text-align: center;">Shirt Size:</td> </tr> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> X-Large</td> </tr> <tr> <td><input type="checkbox"/> Medium</td> <td><input type="checkbox"/> XX-Large</td> </tr> <tr> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> XXX-Large</td> </tr> </table>	Associate # of Hours Volunteered		Shirt Size:		<input type="checkbox"/> Small	<input type="checkbox"/> X-Large	<input type="checkbox"/> Medium	<input type="checkbox"/> XX-Large	<input type="checkbox"/> Large	<input type="checkbox"/> XXX-Large	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Spouse/Domestic Partner # of Hours Volunteered</td> </tr> <tr> <td colspan="2" style="text-align: center;">Shirt Size:</td> </tr> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> X-Large</td> </tr> <tr> <td><input type="checkbox"/> Medium</td> <td><input type="checkbox"/> XX-Large</td> </tr> <tr> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> XXX-Large</td> </tr> </table>	Spouse/Domestic Partner # of Hours Volunteered		Shirt Size:		<input type="checkbox"/> Small	<input type="checkbox"/> X-Large	<input type="checkbox"/> Medium	<input type="checkbox"/> XX-Large	<input type="checkbox"/> Large	<input type="checkbox"/> XXX-Large
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My/Our volunteer activities with this organization have included:

If appropriate, can you provide a human-interest story or pictures relating from your volunteer activity?
 Yes No

I certify that I have volunteered for at least 40 hours in a 12-month period for this organization and have received no tangible benefit for my service. The activities listed above are non-religious and non-political in nature.

Signature _____ Date _____

Hands on Honda Volunteer Program Non-Profit Organization Form

Non-Profit Representative: Complete this section with all applicable information (please print neatly), then forward the entire form to the address at the bottom.

Organization Information

Organization Name		
Address		
City	State	Zip
Website		

If applicable, please provide percentages and/or descriptions of the populations your organization serves:

Race/Ethnicity			Sex
African American: %	Hispanic/Latino: %	Caucasian: %	Female: %
Asian American: %	Native American: %	Other: %	Male: %
Other (Disabled/Elderly. Please specify.) %			

Primary Contact Information

Name		
Title		
Address		
City	State	Zip
Phone	Fax	
E-mail		

Is your organization affiliated with a religious, political, professional or labor organization? Yes No
 If "Yes" are your organization's services equally available to everyone in the community? Yes No

I certify that the associate/spouse or domestic partner named on this form contributed the indicated amount of personal time to the above organization. I certify the organization here listed to receive a grant is a tax-exempt non-profit organization under the terms of Section 501(c)(3) of the U.S. Internal Revenue Code.

Signature _____ Date _____

Please enclose a copy of your organization's **501(c)(3) certification**. Grants will not be awarded without proper documentation. If this is your first grant, please enclose a **W-9 tax form**. **Return entire application to:**

**Honda Manufacturing of Indiana, LLC
 Corporate Communications
 Hands on Honda Volunteer Program
 2755 N. Michigan Ave. Greensburg, IN 47240**

HMIN Office Use Only

Sent T-Shirt Date: _____

Request ID # _____ Grant ID # _____