

General Assistance _____
Capital Improvements _____
Seed Money _____
Expansion of programs _____
Other _____ (please _____ describe)

3. Please describe, in specific terms, the proposed use of funds requested:

4. Name of person who will administer grant:

Name: _____

Title: _____

5. Are you requesting funds for this purpose from other agencies?
____ Yes ____ No

If so, please indicate what agencies and the amount of your request: _____

6. Please attach copies of your last annual report which should include the names and addresses of your governing board, a report of your program activities, and a report of your financial condition and operations.

7. Has your organization received a ruling or determination letter from the Internal Revenue Service recognizing your exempt status under Internal Revenue Code 501 (c) (3)? ____ Yes ____ No. If so, please attach a copy of your exemption certificate to the completed application.

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**HANCOCK COUNTY SAVINGS BANK
CHARITABLE FOUNDATION**

8. Mail original copy of the application to
**HANCOCK COUNTY SAVINGS BANK CHARITABLE
FOUNDATION**
351 Carolina Avenue, Chester, WV 26034. Please keep a duplicate for your files.

