

Hancock County Savings Bank Charitable Foundation
351 Carolina Avenue
Chester, WV 26034
800-225-1620, Ext. 269

Grant Application

All requested information must be submitted in order for the Foundation to be able to consider your request.

| | |
|--|--|
| Date | |
| Information about Your Organization | |
| 1. Name | |
| 2. Address | |
| 3. Telephone Number | |
| 4. Date Organization Was Formed | |
| 5. Federal Identification Number | |
| 6. Type of Organization | <input type="checkbox"/> Charitable <input type="checkbox"/> Educational <input type="checkbox"/> Other <input type="checkbox"/> Civic <input type="checkbox"/> Hospital _____ |
| 7. Describe the Purpose of Your Organization | |

| Information about Your Grant Request | |
|--|---|
| 1. Amount of Grant Requested | |
| 2. Type of Request | <input type="checkbox"/> General Assistance <input type="checkbox"/> Capital Improvements <input type="checkbox"/> Seed Money <input type="checkbox"/> Program Expansion <input type="checkbox"/> Other (Please Describe) |
| 3. Please describe, in specific terms, the proposed use of funds requested. | |
| 4. Name and Title of Person who Will Administer the Grant | |
| 5. Are you requesting funds for this purpose from other agencies? If "yes," Please indicate what agencies and the amount(s) of your request(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Please attach copies of your most recent 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. Your organization should have received a ruling or determination letter from the Internal Revenue Service recognizing your exempt status under Internal Revenue Code 501(c)(3). | |
| <p>You must attach a copy of your exemption certificate to your completed application.</p> | |

8. Mail the original copy of your application to:

**Hancock County Savings Bank Charitable Foundation
351 Carolina Avenue
Chester, WV 26034**

Please keep a duplicate copy for your files.

Please note the following:

- Deadline for the receipt of this application is September 30.
- Any applications received after September 30 will be considered during the next review.
- Awarding of approved grants will be made during the month of December.

Official Signature and Certification:

The undersigned hereby certifies that the foregoing information is correct to the best of his or her knowledge and belief.

Applicant Organization: _____

Signature of Officer: _____

Title: _____

Telephone Number : _____

Please use this space to provide any additional information you feel is important to your request: