

Hancock County Savings Bank Charitable Foundation
351 Carolina Avenue
Chester, WV 26034
800-225-1620, Ext. 2591

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).	
You must attach a copy of your exemption certificate to your completed application.	

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: