

# Caring Coins Application for Organization/Agency

Caring Coins Foundation does not accept applications from (1) religious organizations including churches, church schools or church programs, (2) schools including public, private or religious entities, as they are funded through a tax base or with donor support (3) organizations that award grants to schools, individuals, agencies or organization programs, etc. The fund will not award grants for rent, salaries, studies, festivals or art based programs, or consultant fees. (4) Applicants must have 501c3 status for 1 year prior to date of application.

**Name of Organization:** \_\_\_\_\_

**Address:** Street or P.O. Box \_\_\_\_\_

**Phone Number:** (work) \_\_\_\_\_ (home) \_\_\_\_\_

**Contact Person:** (name) \_\_\_\_\_ (title) \_\_\_\_\_

Number of individuals, families or groups served in Hilton Head, Bluffton or Hardeeville in the last year: \_\_\_\_\_

State purpose of the Organization/Agency Request: (Include amount requested and specifics of how funds will be used.)  
\_\_\_\_\_  
\_\_\_\_\_

List other sources of funding for purpose stated above: \_\_\_\_\_  
\_\_\_\_\_

How are the agency's programs measured for effectiveness? \_\_\_\_\_  
\_\_\_\_\_

**Please list three references.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- A copy of the letter (Form 501[c] 3) from Internal Revenue Service needs to be attached.
- A copy of financial statement(s) for previous year should be provided.

The information contained in this statement is for the purpose of obtaining funding from Hargray's Caring Coins on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Hargray's Caring Coins may consider this statement as continuing to be true and correct until a written notice of a change is provided. Hargray's Caring Coins is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

**Signature of Representative** \_\_\_\_\_ **Date** \_\_\_\_\_



Please call 843-341-COIN (2646) or visit [www.caringcoins.org](http://www.caringcoins.org) if you have any questions.