

# *Coldwell Banker Schmitt Charitable Foundation*

Main Office: 11100 Overseas Highway, Marathon, FL 33050

*"Moving Forward...By Giving Back"*



**www.GoodDeedsintheKeys.org**

*Instructions to apply to the*

## *Coldwell Banker Schmitt Charitable Foundation*

*The Coldwell Banker Schmitt Charitable Foundation was created in April 2002, and is dedicated to helping Keys' residents whose critical needs are not being met through other means. The funds are donated to the Foundation through the generous hearts of the Coldwell Banker Schmitt Real Estate agents, staff, associates, business partners, and the public.*

*The Board meets on the third Tuesday of each month to review requests and determine whether or not to grant funding to those individuals, families, and 501(c)3 nonprofit organizations that qualify and have submitted the required, **fully completed** application. **Any applications that are not complete may not be considered by the Board and can be declined without further review.** The application deadline is the 5<sup>th</sup> of the month to be reviewed at that month's meeting. First time applications take precedence. You may forward the application by one of three methods listed below:*

**Return to any of our Offices throughout the Keys:**

### **Coldwell Banker Schmitt Charitable Foundation**

100430 Overseas Highway, Key Largo, FL 33037

85996 Overseas Highway, Islamorada, FL 33036

11050 Overseas Highway, Marathon, FL 33050

29967 Overseas Highway, Big Pine Key, FL 33043

1201 White Street, Key West, FL 33040

**Fax to: CBSCF at 305-425-2999**

**Email to: [applications@gooddeedsinthekeys.org](mailto:applications@gooddeedsinthekeys.org)**

**When filing an application, please keep in mind the Foundation receives monetary requests on a monthly basis that exceed our available funds. As a result, many otherwise worthwhile applicants received either no funding at all, or only a portion of the amount that had been requested. Although the entire application is reviewed on its merit, some of the key areas that the Foundation examines include:**

1. Is the application **COMPLETE** and accurate with attached back-up information that supports the request?
2. How long has the applicant lived in Monroe County on a continuous basis? (The Foundation requires that you have been a permanent resident in Monroe County for a minimum of two (2) years.)
3. If the Foundation makes a "one time" donation, does the applicant then have an adequate income stream to maintain their lifestyle without further assistance?
4. Is this an unusual "one time occurrence," or is this going to be a case where long-term assistance is required? (It is not the purpose of the Foundation, nor does the Foundation have the financial means, to support long-term need situations.)

# Coldwell Banker Schmitt Charitable Foundation

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**APPLICATIONS MUST BE RECEIVED BY THE  
5TH OF EACH MONTH TO BE CONSIDERED  
FOR THAT MONTH'S MEETING.**

The Board of Directors meets on the third Tuesday of each month.  
Applications **must be received by the 5th of each month.**

**INCOMPLETE APPLICATIONS WILL BE RETURNED FOR RESUBMISSION.**

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## **PLEASE PRINT LEGIBLY**

Name of Applicant: \_\_\_\_\_  
Last First Middle

Name of Sponsor or Referring Agency or Organization:  
\_\_\_\_\_

Sponsor's Mailing Address:  
\_\_\_\_\_

Sponsor's Telephone/E-mail:

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_

**NOTE: Sponsors are to be well-informed with respect to the Applicant's situation and need for assistance, including verification and completeness of the attached information.**

**PLEASE PRINT LEGIBLY**

6. How long have you been a resident of Monroe County? \_\_\_\_\_

7. Current phones including area code: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

8. Email: \_\_\_\_\_

9. Street/City/State/Zip: \_\_\_\_\_

10. Mailing Address (if different from above): \_\_\_\_\_

11. Date of Birth: \_\_\_\_\_

12. Driver's License Number and State: \_\_\_\_\_

13. Other Members of Your Household:

FIRST NAME	LAST NAME	RELATIONSHIP	AGE	EMPLOYER	MONTHLY INCOME

14. Your Employer: \_\_\_\_\_

Your Employer's Address and Phone: \_\_\_\_\_

15. Monthly Take-Home Pay: \$ \_\_\_\_\_ Date Employed: \_\_\_\_\_

16. Other Organization's Contacted For Assistance:

CONTACT'S NAME	ORGANIZATION CONTACTED OR CONTACT'S RELATIONSHIP TO APPLICANT	RESULT



**PLEASE PRINT LEGIBLY**

18. What is your monthly rent or mortgage payment? \$ \_\_\_\_\_

Name, mailing address, and phone number of your landlord or mortgage company:

\_\_\_\_\_

Mortgage or rent payment payable to and account number:

\_\_\_\_\_

19. List all other sources of income (alimony, welfare, grants, second job, etc.) and amount received monthly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. List of all existing debts, liabilities and expenses due monthly and amount of monthly payment (use back of page if you need more space):

CREDITOR/DEBT	ADDRESS	PURPOSE	MONTHLY PAYMENT
Credit Union and/or Bank Loans			
Credit Cards: (please list all)			
List Other Debt or Expenses Below:			

21. List Assets of Individual/Family and Value of Asset (house, vehicles, boats, property, checking and savings accounts—please list bank—stocks and bonds, etc.). Use back of page if necessary:

**Item**

**Value**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PRINT LEGIBLY**

22. The total of all sources of monthly income for individual/family \$ \_\_\_\_\_

23. Three personal references, *not related to you*:

NAME	ADDRESS	TELEPHONE (incl. area code)	EMAIL ADDRESS

The information contained herein is for the purpose of obtaining funding from the Coldwell Banker Schmitt Charitable Foundation for the benefit of the undersigned applicant. The applicant understands that the information provided herein is used in determining whether to approve or decline funding. The undersigned individually represents and warrants that the information provided is true, correct, and complete as written.

The Coldwell Banker Schmitt Charitable Foundation is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein in the form of a Memorandum of Understanding (MOU). This MOU will allow the board to share and obtain information with other agencies and organizations. All information will be kept confidential and will be used for the sole purpose intended.

I hereby grant and convey unto the Coldwell Banker Schmitt Charitable Foundation all rights, titles, and interest in and any and all photographic images, video or audio recordings made by or on behalf of the Coldwell Banker Schmitt Charitable Foundation.

I understand and agree that this Release is intended to be as broad and inclusive as permitted by law. I agree that in the event that any part of this Release shall be ruled invalid by any court, it shall not affect the remaining provisions of this Release.

*REGISTRATION # CH46418: A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352, WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.*

**By signing below, I acknowledge that I have read and understand this Release and agree to its provisions.**

\_\_\_\_\_  
Signature of Applicant/Authorized Representative or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant or Sponsor

\_\_\_\_\_  
Date