

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 help 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 c3 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 5th 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

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 three (3) 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.**

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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 fourth Tuesday of each month.

Applications must be received by the 5th of each month.

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PLEASE PRINT LEGIBLY

1. Name of Applicant: _____
Last First Middle

2. Name of Sponsor or Referring Agency or Organization:

3. Sponsor's Mailing Address:

4. Sponsor's Telephone/E-mail:

Daytime phone: _____ Evening phone: _____

E-mail: _____

5. 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. Previous address: _____

11. Mailing Address (if different from #9): _____

12. Date of Birth: _____
13. Social Security Number: _____
14. Driver's License Number and State: _____

Other Members of Your Household:

FIRST NAME	LAST NAME	RELATIONSHIP	AGE	EMPLOYER	MONTHLY INCOME

15. Your Employer: _____
Your Employer's Address and Phone #: _____

Monthly Take-Home Pay: \$ _____ Date Employed: _____

- 15.(a) Co-Applicant Employer: _____
Co-Applicant Employer Address and Phone #: _____

Monthly Take-Home Pay: \$ _____ Date Employed: _____

16. Applicant Past Employer: _____
Date Employed: _____ Date Left Job: _____

INCOMPLETE APPLICATIONS WILL BE RETURNED FOR RESUBMISSION

17. Other Organization's Contacted For Assistance:

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

Did you Receive Funding from any of the above organizations? Yes _____ No _____

If so, which organization's ? _____ Amount: _____

_____ Amount: _____

_____ Amount: _____

18. Have you ever applied for funding from CBSCF: Yes _____ No _____

Have you ever received funding from CBSCF: Yes _____ No _____

If yes to #18, please provide the following: Total amount \$ _____

Month/Year _____ Purpose: _____

Please explain the reason(s) for today's request: Amount requested \$ _____

Funds needed by: _____

(Describe how you were covering your expenses up until this time, detail what happened to put you in this situation, and explain **when and how** you will be self-sufficient again – use back of page if needed.) Please provide copies of **All Bills** you are requesting to be paid. Along with a copy of your **Drivers License**

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PLEASE PRINT LEGIBLY

19. 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:

20. List all other sources of income with amounts:

Alimony: _____ Government Assistants: _____

Grants: _____ Social Security: _____ Disability: _____

Food Stamps: _____ Second Job: _____ Other: _____

21. 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 of Expenses Below:			
Water Bill			
Electric Bill			
Cable Bill			
Car Insurance			

Car Payment			
Child Care			
Boat Payment			

22. List Assets of Individual/Family and Value of Asset – house, vehicles, boats, property, check & savings accounts (please list bank), stocks & bonds, etc. – use back of page if necessary:

Item	Value

INCOMPLETE APPLICATIONS WILL BE RETURNED FOR RESUBMISSION

23. The total of all sources of monthly income for individual/family \$ _____

24. Three personal references, not related to you the live in Monroe County

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