CONSOLIDATED

Coca-Cola Consolidated, Inc. Grant Application

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Thank you for your interest in our grant program...

Coca-Cola Consolidated is honored to support non-profit organizations throughout the communities we serve. Our mission is to meet the physical, emotional, and spiritual needs of the communities where we live and do business and beyond. We primarily focus on meeting individual needs in the following areas:

- Youth Development Extending a pathway to opportunity
 Investing in youth through mentoring, character development, and job readiness.
- Education Ensuring access and furthering progress
 Providing support and access to educational advancement.
- Crisis Assistance Helping when it matters most
 Alleviating human suffering by providing food, shelter, support and hope to those in need.
- Health and Wellness Serving the whole person
 Promoting a healthy lifestyle by fostering physical, mental, and spiritual well-being.
- Veteran and First Responder Support Serving those who serve Supporting our military members, veterans, and first responders.
- Other Other opportunties that support our mission to meet the physical, emotional, and spiritual needs of the communities where we live and do business and beyond.

All requests are reviewed on a bi-annual basis. Completed grant applications, including any supporting documentation, must be submitted by the following dates to be considered:

	Received by:	Decision communicated by*:
Quarter 1	January 31	March 29
Quarter 3	July 31	September 30

^{*} Some requests may require additional consideration which would extend the response time. This will be communicated by our Charitable Giving Program Manager.



Organizational Details

Application Date:				
Organization Name:				
Contact Name:		Title:		
Phone Number:	Email Ad	dress:		
Address:	City:		State:	Zip:
Is your organization a 501(c) non-pro	fit? Yes No	Tax ID#:		
Purpose of Organization:				
Years in Operation:	Webs	site:		
organization serve the needs of the community? (Please choose one.)	Youth Development Education Crisis Assistance Health and Wellness	Other	n and/or First R	esponder Support
Please select the geographical area (or territory) that your organization serves:	North/South Carolin Kentucky/West Virg Tennessee/Arkansa Indiana/Ohio	ginia Other	a/Maryland/DC	C/Delaware

Most Recent Fiscal Year's Expenses:				
Most Recent Fiscal Year's Functional Expense Allocation (Estimate if necessary):				
G&A % Fundraising % Programs %				
Is your organization independently audited every year? Yes No				
Does your organization receive government funding? Yes No				
How many individuals did your organization directly serve last year?				
Are there service opportunities available for our teammates at your organization? If so, please explain those opportunities.				
Request Details				
Amount Requested:				
How are funds intended to be used? If funds are being requested for an event, please provide the name and date of the event:				

If this grant is for a specific program or event, please indicate how many individuals you expect to directly engage with.				
In 1-2 sentences, please write down the change you hope to see in the lives of recipients of your services/programs.				
CCCI requests an impact report from the organizations that we support. Is your organization able to provide this information? (The impact report is provided by CCCI if application is approved.)				
Have you received previous funding from Coca-Cola Consolidated? If so, please provide the amount received over the past 5 years.				
2023:	2020:			
2022:	2019:			

Please email this application to the Charitable Giving Program Manager along with your W-9 and 990 forms. Please include any additional information (project details, audited financials, list of board members, etc.) that may be beneficial to your application.

OUR PURPOSE

TO HONOR GOD IN ALL WE DO **TO SERVE OTHERS TO PURSUE EXCELLENCE TO GROW PROFITABLY**

> Thank you for all that you do to serve our communities.