



GRANT REQUEST FORM

Date of Request:

Organization Name:

Mailing Address:

City:

State:

Zip:

Contact Person:

Title:

Contact Phone:

Email:

Organization Website:

1. Organization Description/ Mission Statement:

2. Program or project description / Purpose of Donation:

3. Issue Area (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Basic Needs | <input type="checkbox"/> Education |
| <input type="checkbox"/> Community Services to Low-to-Moderate Income Individuals & Families | <input type="checkbox"/> Financial Literacy |
| | <input type="checkbox"/> Revitalize & Stabilize |

4. Explain how this program supports the categories selected above:



5. Amount of Request: \$
6. Due By:
7. Organization's Total Budget: \$
8. Program's Total Budget: \$
9. Number of Employees:
 - Full Time:
 - Part Time:
 - Volunteers:
10. Number of Clients Served Annually:
11. Percent of Low – and Moderate – Income Clients: %
12. List the top three measurable results you expect to accomplish if the grant is awarded:
 - 1.

 - 2.

 - 3.

13. List plans for communicating the program and its accomplishments to the community and the general public. Include how SWCB will be acknowledged for providing support.

Printed name of responsible party

Signature of responsible party

Please attach any supplemental information to this form.



FOR BANK PURPOSES ONLY

Pay to:

Pay from: **Business Promo**

Payment Type: Check Deposit Account # _____

Amount: \$

CRA Eligible: YES NO

Community Development Purpose

- | | |
|--|---|
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Community Services to LMI | <input type="checkbox"/> Revitalize & Stabilize |

Submitted by (SWCB):

Name

Signature

Approved by:

Name of Executive Officer

Signature of Executive Officer
