

REQUEST FOR COMMUNITY SUPPORT

To make a request for Community Support, please read and complete this application. Incomplete applications or those with missing documentation will not be considered.

Date of Request: _____ Amount Requested: \$ _____

This request is best categorized as funding for:

Capital Campaign Event Sponsorship General Operating
 Special Project/Program Other: _____

Date you would like to receive the funds: _____

Organizational Information

Organization Name: _____ Tax ID #: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____ Contact Title: _____

Telephone Number: _____ E-Mail Address: _____

A. What is your organization's mission?

B. Which of the following describes you organization? (**Check as applicable**)

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Arts/Theatre/Music
<input type="checkbox"/> Animal Protection	<input type="checkbox"/> Community Development
<input type="checkbox"/> Environmental Protection	<input type="checkbox"/> Financial Education
<input type="checkbox"/> Food/Hunger	<input type="checkbox"/> Homelessness/Emergency Shelter
<input type="checkbox"/> Human services	<input type="checkbox"/> K-12 Education
<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Youth	<input type="checkbox"/> Other _____

C. What is your organization's geographic service area?

D. Does your organization track the household income of your clients?

NO YES

If "YES", what is the percentage of clients served by your organization in the following income categories?

- _____ % - Less than 50% of the area median income
- _____ % - Between 50% and 80% of the area median income
- _____ % - Between 80% and 100% of the area median income
- _____ % - More than 100% of the area median income

E. Are you aware of any Tri Counties Bank employees **currently** volunteering with your organization? Yes No

How about **during the past 3 years?** Yes No

If yes, please list employee names: _____

E. Do you know any Tri Counties Bank employee who would sponsor or "champion" this request? Name: _____

G. Are you looking for any volunteers or board members or committee members?

Yes No

If "Yes", please provide volunteer skills desired and time commitment.

H. Does your organization have any banking relationship(s) with Tri Counties Bank?

Yes No

I. Does your organization receive assistance from any other non-profit organizations, such as United Way? Yes No If yes, please explain (percent of budget, etc.).

J. Has your organization received **any** financial support from Tri Counties Bank in the past 3 years? Yes No

If yes, please give a brief description of the program/project for which the assistance was received and how your organization's goals and objectives were met.

For requests of \$500 or less, please enclose the following in order to receive consideration of this request:

- 1) On your organizational letterhead, please give:
 - A description of how and where the assistance from Tri Counties Bank, if granted, will be used.
 - An explanation of how the assistance will benefit your organization and the community. For example, how many clients or participants will be served?
- 2) IRS Letter verifying 501(c)(3) status.

For requests greater than \$500 and less than \$3,000, in addition the items above, please enclose the following in order to receive consideration of this request:

- 3) A list of any other businesses/agencies you have solicited regarding financial assistance and, if applicable, any assistance you have already secured.
- 4) An explanation of how you will evaluate your organization after the program/project is completed.
- 5) A description of the sponsor benefits including, but not limited to, publicity, advertising, access to events, access to mailing lists, appearances and more.
- 6) Please list any other information you believe important for us to know about this funding opportunity.

For requests of \$3,000 or more, in addition the items above, please enclose the following:

- 7) Board of Directors list with brief biographies
- 8) Organization's most recent Annual Report
- 9) Operating budget for current year and a detailed program/project budget
- 10) Projected financial pro forma for next fiscal year
- 11) Income and expense reports for the past two years
- 12) A list of major sources and levels of support over the past 2 years (corporations, foundations and/or individual donors)
- 13) Copies of proposed promotional materials showing Tri Counties Bank as a contributor/sponsor

Printed Name of Person Submitting Request:	Title:
Signature: X	Date:
<p>PLEASE SEND COMPLETED REQUEST AND ALL ATTACHMENTS TO: Tri Counties Bank – Community Reinvestment Department 63 Constitution Drive Chico, CA 95973</p> <p style="text-align: right;">OR EMAIL TO: CRA-HMDA@tcbk.com</p>	

BANK USE ONLY		
CRA Officer Signature:	Date:	CRA Qualified? (Yes/No):
Committee Decision [] Approve \$ _____ [] Decline	Date:	Committee Chairperson Signature:
Banking Relationships: <input type="checkbox"/> Checking Account <input type="checkbox"/> CD/Savings <input type="checkbox"/> Online Banking <input type="checkbox"/> Merchant Services <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit <input type="checkbox"/> Payroll Services <input type="checkbox"/> Other: _____		