



## Community Giving Program Application Information

### **Our Mission Statement**

Albina Community Bank creates hope and financial opportunity by building lasting relationships with those who care most about our community.

As one of only 65 community development banks in the country, Albina Community Bank exists for a reason. We exist for the community.

### **About Our Community Giving Program**

In order to have a meaningful community impact with our limited donation and sponsorship dollars, our Community Giving Program focuses primarily on the delivery of financial education programs and community development initiatives throughout our service area.

- **Financial Education:** Albina Community Bank supports financial education programs for children, adults, businesses, and non-profit organizations. Our goal is to assist our community in understanding the basics of banking, credit, building small businesses and achieving home ownership.
- **Community Development:** Our mission statement calls for economic development within the communities we serve. Our Community Giving Program allows us the opportunity to assist a number of worthy organizations through support of community and cultural events that are of special importance to the underserved neighborhoods of Portland.

### **Eligibility**

We will consider providing support to applicants that are tax-exempt organizations located in the greater Portland-Metro area, including Vancouver, Washington. Applicants generally must be designated as tax-exempt under Section 501(c)(3) of the Internal Revenue Code, and have been determined not to be a "private foundation" under Section 509(a) of the code. In addition, we may occasionally make investments in applicants that have federal exemption under other designations. Preference will be given to organizations who are customers of Albina Community Bank.

### **Volunteer Opportunities**

During 2009, Albina's 38 employees dedicated over 1,700 hours to community service. Our paid-time employee volunteer program focuses on financial literacy education such as in-class teaching or financial literacy workshops. If your organization could benefit from such training, please let us know.

### **How to Apply**

To apply for support from Albina Bank's Community Giving Program, please complete and sign the application form and submit it to Bank for consideration. If deemed necessary, the Bank may request additional information from the applicant.

### **Submit Application**

Submit your completed application to:  
Elise Petersen  
Albina Community Bank  
430 NW 10<sup>th</sup> Ave #101  
Portland OR 97209

Please direct any questions about the program to Elise at 503.288.7293 or [epetersen@albinabank.com](mailto:epetersen@albinabank.com)

### **Follow Up to Application Process**

Applications are evaluated at the end of each month. Applicants will receive written notification of approval or decline within one month of submitting all information.

*Please complete the following application form in its entirety and either mail or email for consideration.*



**COMMUNITY GIVING PROGRAM APPLICATION FORM**

*Note: Funding Preference Will Be Given to Organizations Who Are Customers of Albina Community Bank*

Donation                       Sponsorship

<b>Organization Information</b>			
Name of Organization:	Founding Year:	Federal Tax ID #:	Tax Exemption Status:
Business Address, City, State, Zip			
Telephone:	Fax:	Web Address:	
Executive Director:	Telephone:	Email:	
Program/Project Contact:	Telephone:	Email:	
Please provide a brief overview of your organization and its mission:			
Please provide an estimate of the percentage of your clients that ate below 80% of the median income:		Primary geographic area to be served:	
Do you currently have a business relationship with Albina Community Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please list your primary contact:		Relationship Since:	
Please list any Albina Community Bank employees involved in your organization and their roles:			
<b>Request Information</b>			
Amount Requested:	Type of Request:		Date of Request:
	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Event / Project <input type="checkbox"/> Other		
Briefly describe the nature of the request:			

Does the request address one of Albina Community Bank's funding priority areas?

Yes  No

If yes, please check the funding area:  Financial Literacy  Community Development

Please describe how the request supports the mission of Albina Community Bank:

What is the budget for the program / project?

Has the organization received a contribution from Albina Community Bank within the last two years?

Yes  No

If yes, please list the dates and amounts:

**Additional Information**

If this is a sponsorship request for an event or project, please outline the benefits:

What are the timelines for the project and for fundraising?

Please outline other projected sources of funding for the program / project:

Please explain how Albina Community Bank funds will be used:

Please describe how your organization will measure the success of the program / project:

**Authorization**

*The undersigned certifies that they are authorized to represent the organization applying for a contribution and that the information contained in this application is accurate. The undersigned agrees that if a contribution is awarded to the organization: (1) the contribution will be used for the purpose outlined in the award letter, and (2) Albina Community Bank has received nothing of material value, aside from noted sponsorship benefits, in exchange for the contribution.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and title: \_\_\_\_\_