

Please submit your completed application to our Community Development Director, Karla Gadley via email at KJGadley@five-starbank.com. Should you need additional space for your responses, please attach an additional document with your submission.

GENERAL INFORMATION

Organization Name:
Mailing Address/County:
Phone Number:
Tax ID Number:
Email Address:
Website:
Primary Geographical Area Served:
Agency Fiscal Year-End Date:
Date of Application (Today's Date):

ORGANIZATION BACKGROUND

Brief description of the organization, including mission statement and organizational goals:

Approximately what percentage of your senior leadership are people of color?



Is your agency an affiliate of another organization?

YES
NO If yes, please include:

Briefly describe any partnerships with other organizations to meet program participant needs?

Please indicate any Five Star Bank employees that may be board members, committee members or volunteers of your organization:

PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTATION

- Organization's current board of directors (with officers) listed
- Proof of nonprofit 501(c)3 status/IRS determination letter
- Form 990
- Most recent audited financials (if organization does not have audited financial statements, please attach most recent independent accountant's report)
- W-9

CONTACT INFORMATION

Name of Executive Director, CEO or President: _____

Name and Title (of contact for this grant proposal): _____

Phone Number: _____

Email Address:



PROGRAM INFORMATION

Briefly describe the program for which you are seeking funding for (including the purpose, population served, intended program outcomes and impact to recipients and community):

Total amount requested: _____

Project description (what is the purpose of this project or request?). What significance will this project have to recipients and the total community?

Project start and end date: _____

FUNDING INFORMATION

Program budget total amount and budget itemization details:



Aside from funding, in what other ways could Five Star Bank support your program/organization? (i.e. volunteer opportunities)

What organizations have committed funding for this program, and in what amounts? What additional organizations will be approached for funding of this program?

STRATEGIC FOCUS FOR REQUEST

Program Area (City, County): ____

Anticipated Number of Individuals Served: _____

Please identify which focus area(s) this program falls under:

Affordable Housing (housing development, minority homeownership programs, homebuyer education)

Economic Development (technical assistance, creating business incubators that provide mentorships, assistance for minority-owned small businesses, promoting small business growth)

_____ Neighborhood Revitalization and Stabilization (efforts that connect individuals to employment opportunities, provide financing or other assistance for essential community-wide infrastructure)

Community Service Targeted to Low and Moderate Income (LMI) Individuals (financial literacy, workforce development, activities to support essential needs)

Will the program serve greater than 50% LMI individuals and/or neighborhoods? 🗆 YES 🛛 NO

If available, please provide the anticipated population of people of color that this program will serve:

PROGRAM IMPLEMENTATION AND EVALUATION

How will the program be sustained once grant support is completed? Please elaborate:

What review and evaluation procedures will determine the success of this program?

