



Albina Community Bank

Community Giving Program Application Information

Our Mission Statement

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

As one of only 55 community development banks in the country, Albina Community Bank exists for a reason. We exist for the community.

About Albina Community Bank's Giving Program

In order to have a meaningful community impact with our limited donation and sponsorship dollars, our Giving Program will primarily focus on the delivery of **Financial Education programs** and **Community Development initiatives** throughout our service area.

Financial Education and Community Development.

- **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 homeownership.
- **Community Development:** Our mission statement calls for economic development within the communities we serve. Albina Community Bank's 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 under-served neighborhoods of Portland.

Eligibility

We will consider providing support to those applicants that are qualified tax-exempt organizations located in the Portland, Oregon greater metropolitan 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. Occasionally, we may also make investments in applicants that have federal tax exemption under other designations, such as public schools and government entities.

Volunteer Opportunities

During 2003, Albina's 39 employees dedicated over 4,000 hours to community service. Our paid-time employee volunteer program focuses on financial literacy education, from in-class teaching assignments to participating in financial literacy workshops. If your organization could benefit from our volunteers, please let us know.

How To Apply

To apply for support from Albina Community Bank's Giving Program, please complete the following application, print, sign and mail to the address provided. If deemed necessary, Albina Community Bank will request additional information from the applicant.

Submit Application

Please submit your completed application to:

Susan Beall
Albina Community Bank
2002 NE MLK Jr. Blvd.
Portland, OR 97212

Questions concerning Albina Community Bank's Giving Program or its procedures should be directed to Susan Beall at 503-288-7281.

Follow-up to Application Process

Applications will be evaluated on a monthly basis. Applicants will receive written notification of an approval or decline within a month of submitting all information.



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Please complete the following application in its entirety in the space provided.

Donation

Sponsorship

Organization Information			
Name of Organization:	Founding Year:	Federal Tax ID #:	Tax Exemption Status:
Business Address, City, State, Zip			
Mailing Address, City, State, Zip <i>(if different)</i>			
Telephone:	Fax:	Web Address:	
Chief Executive Officer:	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 are below 80% of the median income:		Primary geographic area to be served:	
Do you currently have a business relationship with Albina Community Bank? Yes No		Relationship Since:	
If yes, please list primary Albina contact:			
Please list any Albina Community Bank employees involved in your organization and their roles:			
Request Information			
Amount Requested:	Type of Request:		Date of Request:
	Operating	Capital	Event/Project
			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?

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

Yes No

If yes, please list dates and amounts:

What is the budget for the program/project?

Request Information

If this request 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: _____

Please print name and title: