



ORGANIZATION: \_\_\_\_\_

FEDERAL TAX ID: \_\_\_\_\_ YEAR ORGANIZATION WAS INCORPORATED: \_\_\_\_\_

ADDRESS: (included street address if different)  
\_\_\_\_\_  
\_\_\_\_\_

WEBSITE: \_\_\_\_\_

CHIEF EXECUTIVE'S NAME & TITLE: \_\_\_\_\_

CONTACT'S NAME & TITLE (if different): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BANK OF MARIN CUSTOMER  Yes  No

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ORGANIZATION'S MISSION STATEMENT:

WHAT SERVICES DOES YOUR ORGANIZATION PROVIDE TO THE COMMUNITY? IN YOUR ANSWER, DESCRIBE THE POPULATION SERVED (E.G. LOW TO MODERATE INCOME POPULATION), THE NUMBERS SERVED AND HOW YOUR SERVICES MEET THE NEEDS OF ALAMEDA CITIZENS.

ORGANIZATIONAL CATEGORY:

- Youth & Education
- Senior Citizens & Health Needs
- Environment & Animal Services
- Arts & Culture
- Affordable Housing & Human Services
- Other \_\_\_\_\_

ORGANIZATIONAL DEMOGRAPHICS:

Number of full time staff: \_\_\_\_\_  
Number of part time staff: \_\_\_\_\_  
Number of volunteers: \_\_\_\_\_

OPERATING BUDGET TOTAL FOR CURRENT FISCAL YEAR:

Fiscal Year: From \_\_\_\_\_ To \_\_\_\_\_

AMOUNT OF THIS REQUEST: \$ \_\_\_\_\_(\$500-2,500)

TIME FRAME IN WHICH FUNDS WILL BE USED: From \_\_\_\_\_ To \_\_\_\_\_

HOW WILL THE GRANT BENEFIT THE ALAMEDA COMMUNITY?

Check one of the following:  PROJECT SUPPORT  GENERAL OPERATING SUPPORT

- If for project support, complete the following:

PROJECT NAME: \_\_\_\_\_

TOTAL PROJECT COST: \$ \_\_\_\_\_

PROJECT TYPE:

Capital:

Construction

Renovation

Equipment

Endowment

Specific Program

Other (describe)

\_\_\_\_\_

1. WHO WILL PROJECT SERVE?

2. HOW MANY WILL PROJECT SERVE?

3. WHAT GEOGRAPHIC AREA WILL PROJECT SERVE?

- If for general support, what kind of expenses will the grant cover?

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**Application due September 30, 2015**

Return to: Bank of Marin  
PO Box 2039  
Novato, CA 94948  
Attn: Community Relations

Questions? E-mail [communityrelations@bankofmarin.com](mailto:communityrelations@bankofmarin.com)