

COMMUNITY VISION APPLICATION

Date: _____

Organization Name		Is this a 501C3 Non-Profit Organization?					
Mailing Address		Phone Number					
Representative Name & Title		Email Address					
Website		Have you been a CommUNITY Vision before?					
How did you hear about Bank It?		How many people are in your organization?					
		Adults/Children	<table border="1"> <tr> <td>Adults</td> <td>Children</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Adults	Children		
Adults	Children						
What is your Fundraising Goal?							

Please describe your organization. Explain the organizations goals and mission and how it supports our local community. If you need additional space, please attach another sheet to this application.

Please describe *in detail* the funds needed and items being sought, what they will be used for and the anticipated expenses. Include the project you hope to complete, how you will accomplish this goal and how this will give back to the community. If you need additional space, please attach another sheet to this application.



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Describe how your organization usually gets funds for these types of projects (your current fundraising techniques).

Large empty text box for describing fundraising techniques.

Briefly explain why *Bank It* should select your organization as a **CommUNITY Vision**?

Large empty text box for explaining why the organization should be selected.

To be completed by Bank It Board of Directors.

Reviewed by	Bank It Board Members	Date:	
Approved/Denied			
Explanation/Reasoning			
Final Approval By	Bank It Board Members	Date:	
Designated Quarter			