



We would like to thank you for applying for a Coastal Community Bank Impact Grant! Please complete the following information and return it with the requested supporting documents. Electronic submissions are preferred and can be sent to Community@coastalbank.com.

To submit a hard copy, please mail completed packet to:
Community Impact
Coastal Community Bank
PO Box 12220
Everett WA 98206

Organization Name _____

Mailing Address _____

Street Address _____

Organization EIN _____

Organization Website _____

Contact Name _____

Title _____

Phone _____

Email Address _____

Please provide a brief description of the purpose, mission, size, geographic service area, and history of the organization. (Attach additional pages if necessary)

Grant Request (amount requested) \$ _____

Total Project Budget (please attach detail sheets) \$ _____

Please provide a brief description of the project for which you are requesting funds (attach additional pages if necessary).

Proposed Project Start Date _____

Proposed Completion Date _____

Application Checklist

For your grant request to be considered, the following supporting information and documents must be attached to your grant application (If any of the above documents are unavailable or inapplicable, please note the reason on the Grant Application).

- A copy of the IRS letter documenting the 501(c)(3) status of your organization
- The mission statement of your organization
- A list of your board of directors with their affiliations
- A complete budget for the project for which you are requesting funding
- The current annual operating budget for your organization
- Audited financial statements of the most recent fiscal year end
- Your most recent annual report
- A copy of your most recently filed Form 990
- IRS Form W9

Approval of Executive Officer The organization named above will act as the responsible fiscal agent for any funds that might be received and will comply with applicable tax laws, regulations, and Coastal Community Bank’s policies as they may change from time to time.

Signature of the Executive Director

Date

Name of Executive Director