



Community Partnership Form

If your organization would like to be considered for donations, sponsorships, service opportunities, or community partnership in other ways, fill out this form with as much information as you have available. The more details we receive, the easier it is for our team to complete the review process.

Please submit your completed form along with a w-9 for the organization to marketing@fcbutah.com.

PART 1

ORGANIZATION DETAILS

Organization Name:	Tax ID / EIN:	
Organization Address:	City:	Zip:
Organization Website URL:	Organization Type:	
Organization Phone:		
Does the Organization Currently Bank with First Community Bank?	Yes	No

ORGANIZATION CONTACT DETAILS

Contact Name:	Job Title:
Contact Email:	Contact Phone:

DONATION/SPONSORSHIP REQUEST DETAILS

Amount Requested: *(If pursuing an ongoing partnership, leave blank)*

How will the funds be used?

If a sponsorship, please include a copy of Sponsor Packet outlining levels and benefits received.

PART 2

ORGANIZATION DEMOGRAPHIC INFORMATION

Who does the organization represent or serve (i.e. Elderly, Low-Moderate Income, Homeless, etc.)?

What percentage of the organization's overall clientele are low to moderate income individuals?

How many clients does the organization serve on a monthly or annual basis on average?

What geographic areas do you impact? (Counties)

PART 2 CONTINUED

ABOUT THE ORGANIZATION

What is the Mission Statement of the organization?

Tell us more about your organization:

- When was the organization started?
- How was the organization started?
- What are the primary long-term goals for the organization?
- What are the goals for this year?
(Attach additional documentation if needed)

ABOUT THE ORGANIZATION'S PROGRAMS AND SERVICES

What programs or projects is the organization currently working on to carry out their mission? Which ones are you wanting to expand? What timeline do you have for expansion?

What are some of the limitations or challenges the organization faces in serving its community?

OPPORTUNITIES FOR BANK INVOLVEMENT

What are your current/future banking/credit needs?

What are the amounts and sources of the organization's funding?

Representative's Signature:

Date:

FOR BANK USE ONLY

Employee Conducting Review:

Date of Initial Contact:

What areas of opportunities exist for bank partnership with the organization?

Community Partnership pursued? Yes No

Organization entered into Kadince? Yes No