



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 2- Organization Impact Data

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)

Representative's Signature:

Date: