



HANDS OF HOPE 2021 APPLICATION

Attention: Download and save this document before starting as the web version of this application cannot be saved or submitted online. Complete all fields fully as missing information may result in the request being rejected.

Organization Details

[Organization Name]

[Physical Address]

[Mailing Address if different]

[Phone]

[Tax Identification Number]

[Web Address]

Organization Type: Non-Profit For-Profit

Does the organization bank with Western Security Bank? Yes No

[Primary Contact Name]

[Job Title]

[Phone]

[E-mail Address]

Organization Impact Details

Provide the organization's mission statement.

Describe the purpose of the organization and the service(s) it provides.

Describe the geographical area served by the organization.

How many people does the organization serve annually? _____

Of those served by the organization, what percentage are low or moderate income? _____

Describe how the organization verifies income levels of the people it serves. If income levels are not verified explain how the percentage above is justified.

Donation Impact Details

Describe how the Hands of Hope donation would be used by the organization.

Describe who this donation would impact.

How many people would be impacted by this donation? _____

Of those impacted, what percentage are low or moderate income? _____

What percentage of this donation would be used for overhead or administrative costs? _____

Additional Information

Indicate in which quarter the organization prefers to receive this donation if selected.

Q1 Q2 Q3 Q4 No Preference

Are any Western Security Bank employees currently involved with the organization? Yes No

If yes, please provide the employee(s) name(s). _____

Describe further opportunities for Western Security Bank or its employees to contribute to the organization (i.e. board positions, volunteer opportunities, event sponsorships, etc.).

Attach any additional supporting information you wish to provide as a separate file. If this is the first time the organization has requested a donation or grant from Western Security Bank please include a copy of the organization's W-9 or letter from the IRS if the organization is a non-profit.

Please submit this application by one of the following methods:

Mail: Western Security Bank
c/o Brett Solberg
PO Box 30657
Billings, MT 59107

Fax: (406) 371-8205

E-mail: BSolberg@westernsecuritybank.com

Thank you for applying for Western Security Bank's Hands of Hope donation. Understand that completing this application does not guarantee your request will be approved or funded. Your application will be processed through our regular procedures and you will be notified of our decision in December.

Direct any questions regarding the Hands of Hope guidelines, application or processing procedures to Brett Solberg, Community Reinvestment Coordinator, at (406) 371-8236 or BSolberg@westernsecuritybank.com.

