



Contribution Guidelines

STATEMENT OF PURPOSE

Sturdy Savings Bank is committed to serving the residents of Cape May County and the City of Somers Point, enhancing economic and cultural growth in both areas. We support community groups and activities, and encourage Sturdy Savings Bank employees to become actively involved in their communities.

In addition to employee involvement, Sturdy Savings Bank contributes funds to community organizations and events. Donation requests can be accepted at all of our branch locations. The Bank's Donation Committee meets weekly to review all requests. To allow adequate time for consideration, the Bank should receive requests at least 30 days before the actual need for funding.

QUALIFICATIONS

Sturdy Savings Bank has developed a set of guidelines to help evaluate requests for support and contributions. Requests will be considered from Cape May County and the City of Somers Point residents and organizations in five general categories:

- Community or public service;
- Health and education;
- Arts and humanities;
- Youth and senior citizens; and
- Affordable housing

Requests for support will not be considered from:

- Organizations and events that do not benefit the residents of Cape May County and the City of Somers Point

HOW TO APPLY

Organizations applying for a donation should submit a completed *Donations Request Form* along with a copy of the organization's current Mission Statement, primary purpose designation, program and/or literature. **In addition, a properly completed and executed W-9 Form must be included with this application.** The *Donation Request Form* can be obtained at any local branch location.

When completing the *Donation Request Form*, make certain that the following information is clearly identified:

- Description of the organization, including its history, purpose and proposed project;
- A statement of need; and
- Primary purpose of donation request.

WHEN TO APPLY

Contribution requests are reviewed weekly. Each organization submitting a contribution request will be notified following the allocations.

DONATIONS COMMITTEE

The Committee meets as needed weekly to evaluate contribution requests. Members of the committee are officers representing different areas of the Bank.

IMPORTANT

Your application will not be considered without the following documentation:

- Mission Statement
- Primary purpose designation
- Organization program and/or literature
- W-9 Form
- Advertising specifications and due date

DONATION REQUEST FORM

Name of Organization: _____

Make Checks Payable to: _____

Mailing Address: _____

Contact Person: _____ **Phone:** _____ **Email:** _____

Submission date of request: _____ **Date donation is needed:** _____ **Donation amount requested:** _____

Purpose of request / What is being requested: _____

Does this request include:

- Advertising (Due Date: _____) Event Tickets (If yes, how many? _____)
- Bank Logo (Due Date: _____) Promotional Items (If yes, describe: _____)

Date of Event (If applicable): _____

Location of community or neighborhood that will benefit from this donation (Address, if available): _____

Primary purpose of this donation (if applicable):

- Provide services to low-to-moderate income families or individuals Provide funding for affordable housing Assist in programs that support economic development in low to moderate income census tracts

INTERNAL USE ONLY

Bank Contact Recommending Request: _____ **Date:** _____

Reason for Recommendation: _____

Description On Check: _____

Donations Last Year: _____ **Current Donations:** _____
(including budgeted)

Relationship: _____

Check Distribution:

- Mail to Organization
 Return to Bank Contact Person

G/L Account # _____

DONATION AMOUNT APPROVED: _____

If over \$1,000, how and when will funds be used? _____

Timeline: _____

Paperwork Distribution:

- Retail Banking Calendar CRA Requester: _____

Check All That Apply:

- Enclosure(s) to be included with check (Make 1 additional copy for Finance) Employees using event tickets: _____
- CRA (Complete additional documentation) _____

Approved By: _____ **Date:** _____

