

A division of Western Alliance Bank. Member FDIC.

Please complete the following application in its entirety in the space provided.

Community Giving Application

| Organization Information | Date: | | |
|---|-------------------------------|-------------------------|--|
| Name of Organization: | | | |
| Federal Tax Identification Number: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Telephone: | Fax: | I | |
| Organization Web Address: | I | | |
| Primary Contact: | Title: | E-Mail: | |
| Telephone: | Fax: | I | |
| Please list any Alliance Bank of Arizona employees | involved in your organization | on and their roles: | |
| Is this organization currently a customer of Alliance | Bank of Arizona? | Yes □ No | |
| Please provide a brief overview of your organization | and its mission: | | |
| Of the clients you serve, what percent are from low- If your organization does not track this information, p | | ?% | |
| Request Information | | | |
| Amount Requested: \$ | Date of Application | Date of Application: | |
| Type of Request (check one): ☐ Operating ☐ C | Capital Event/Project | □ Other | |
| Briefly describe the nature of the request: | | | |
| Does the request address at least one of Alliance Ba | ank of Arizona's funding pri | ority areas? ☐ Yes ☐ No | |
| If yes, check areas that apply: ☐ Youth ☐ Education ☐ Health and Wellnes | ss □ The Arts □ Co | ommunity Development | |



Phoenix, AZ 85012 Phone: 602-629-1730 Fax: 602-636-0262

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| Has the organization received a | contribution from Alliance Ba | ank of Arizona in the | last three years? ☐ Yes ☐ No |
|---|---|---|--|
| If so, please list below: | | | |
| Date: \$ | Date: \$ | | Date: \$ |
| What are the timelines for the pr | oject and for fundraising? | | |
| What is the budget for the progra | am/project (attach additional | information as need | led)? \$ |
| Please outline other projected so | ources of funding for this pro | ject: | |
| Please explain how you have me | easured or will measure the | success of the progr | am/project: |
| formation contained in this applic zation: (1) the contribution will be | ation is accurate. The under used for the purpose outline roval from Alliance Bank of A | rsigned agrees that in ed in the award letter urizona, (2) Alliance E | pplying for a contribution and that the infactorial factorial factorial factorial factorial factorial factorial factorial factorial for any other sank of Arizona has received nothing of ution. |
| Signature of Applicant: | | Date: | |
| Please submit your completed ap | pplication to: | | |
| Alliance Bank of Arizona CRA/Community Development D 2901 N. Central Avenue, Suite 10 | | | |

Applications will be evaluated monthly by a committee of Alliance Bank of Arizona colleagues. You should be notified by Alliance Bank of Arizona within 30 days of submission of your application.

If you have questions about the Community Giving Program or its procedures, please call us at 602.629.1730.