



## GRANT REQUEST

Amount Requested: \_\_\_\_\_ (Grant Limit: \$2,500); Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ 501(c)(3) Organization: Yes \_\_\_ No \_\_\_

Name and Phone Number of Executive Director: \_\_\_\_\_

### **Description of Initiative Needing Support:**

**Total Budget for This Initiative:** \_\_\_\_\_

### **For This Initiative:**

Amount of Disbursements/Donations Received in the Previous Two Years:

- From Magyar Bank/MagyarBank Charitable Foundation \_\_\_\_\_; Year \_\_\_\_\_
- From Magyar Bank/MagyarBank Charitable Foundation \_\_\_\_\_; Year \_\_\_\_\_
- From Other Sources \_\_\_\_\_; Year \_\_\_\_\_
- From Other Sources \_\_\_\_\_; Year \_\_\_\_\_

### **List Disbursements/Donations for Other Initiatives Supported by the MagyarBank Charitable Foundation and/or Magyar Bank:**

2020 \_\_\_\_\_

2019 \_\_\_\_\_

**Mission Statement of the organization:**

**History and Goals of the Organization:**

**Description of Client Population** (e.g., ethnicity; low income; low literacy; senior citizen; school-age; at-risk youth; other):

**Geographic Area(s) Served:**

**Client Income Levels:**

Under \$10,000

\$10,000 - \$14,900

\$15,000 - 19,900

\$20,000 - \$29,900

\$30,000 - \$50,000

\$50,000+

**Total Number of Clients:** \_\_\_\_\_

**Number of Clients Located In Middlesex and/or Somerset County:** \_\_\_\_\_

**Percentage of Programs and Services Benefiting:**

Middlesex County: \_\_\_\_\_ %; Somerset County: \_\_\_\_\_ %; Other: \_\_\_\_\_ %

**List of Programs:**

_____	_____
_____	_____
_____	_____

**What Will Be the Impact of the MagyarBank Charitable Foundation's Grant on Programs, Projects, or Services Offered?**

Please Provide This Information Along With the Following: Most recent Financial Statement or Tax Returns, sources of funding (including other contributors), the organization's Budget, a list of Officers and Board of Directors, listing of any bank employee or Director knowledgeable about the project or initiative, evidence of Non-Profit status, and the organization's most recent public relations materials.

The MagyarBank Charitable Foundation may require a progress report and a final report, to include an accounting of how grant funds were used, how your stated goals were met, and the evaluation tools used to measure your success.

The MagyarBank Charitable Foundation reserves the right to restrict the grant funds for the purposes for which the grant was made, and to withhold and/or recover grant funds in case such funds are/or appear to be misused.

The Foundation will consider supporting projects and initiatives that meet one or more of the following criteria(s): (Please check applicable box)

**Education** - Initiatives at the primary, secondary and post secondary levels that raises the aspirations of students in the communities served by Magyar Bank and enhance knowledge in specific areas such as economics, communications, business and public speaking, as well as initiatives that support the education process.

**Health & Human Services** - Programs that are essential to the underlying healthcare of the communities served by Magyar Bank. Initiatives that focus on physical and mental wellness, and public health, to include social services and the development of social capital.

**Youth Programs** - Programs that assist in improving the quality of life for children in the communities served by Magyar Bank or programs that foster education, learning and leadership.

**Affordable Housing** - Programs that provide, or encourage the creation of affordable and/or low income housing in the Community.

**Grant Application including all materials requested must be electronically submitted three weeks prior to the Charitable Foundation meeting to [dbraga@magbank.com](mailto:dbraga@magbank.com). Only completed applications will be accepted. Please contact Diana Braga at: (732) 342-7600, Ext. 161, for inquiries.**

Prepared By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_