



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:

2025 _____

2024 _____

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 dmazella@magbank.com. Only completed applications will be accepted. Please call (732) 342-7600, Ext. 161, for inquiries.

Prepared By: _____

Title: _____

Signature: _____

Date: _____

Telephone Number: _____