



Community Giving Program Application Form

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

Organization Information

Name of Organization: _____

Federal Tax Identification Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

Organization Web Address: _____

Primary Contact: _____ Title: _____ Email: _____

Telephone: _____ Fax: _____

Please list any Severn Bank employees involved in your organization and their roles:

Please provide a brief overview of your organization and its mission:

Of the clients you serve, what percent are from low-to-moderate income areas? _____ %

Are the children eligible for the local school lunch program? Yes No

If your organization does not track this information, please skip the question.



Request Information

Amount Requested: \$ _____ Date of Application: _____

Type of Request (check one): Operating Capital Event/Project Other

Briefly describe the nature of the request:

Does the request address at least one of Severn Bank's funding priority areas? Yes No

If yes, check areas that apply: Community Development Youth

Education The Arts The Environment

Has the organization received a contribution from Severn Bank in the last three years? Yes No

If so, please list below:

Date: _____ Date: _____ Date: _____
\$ _____ \$ _____ \$ _____

What are the timelines for the project and for fundraising?

What is the budget for the program/project (attach additional information as needed)? \$ _____

Please outline other projected sources of funding for this project:

Please explain how you have measured or will measure the success of the program/project:



Authorization

The undersigned certifies that they are authorized to represent the organization applying for a contribution and that the information contained in this application is accurate. The undersigned agrees that if a contribution is awarded to the organization: (1) the contribution will be used for the purpose outlined in the award letter and may not be expended for any other purpose without prior written approval from Severn Bank, (2) Severn Bank has received nothing of material value, aside from noted sponsorship benefits, in exchange for the contribution.

Signature of Applicant

Date

Please submit your completed application to:

Kevin Carter
Community Reinvestment Officer
200 Westgate Circle, Suite 200
Annapolis, MD 21401

Applications will be evaluated bi-monthly by Severn Bank's Community Giving Committee, a committee of Severn Bank associates.

If you have questions about the Community Giving Program or its procedures, please call Kevin Carter at 410.260.2133.