



Community Giving Application

In order to be considered for a contribution, you must forward this completed form to:
 Marketing Department, FN CB, 785 Keystone Industrial Park Rd., Throop, PA 18512 or via e-mail to
marketing@fn cb.com. **Requests can take up to 45 days to be processed.**

ORGANIZATION INFORMATION			
Name of Organization	Founded	Is your organization a tax-exempt 501(c)(3)?	Federal Tax ID #
Organization Address, City, State, Zip			
Telephone:	Fax:	Website	
Program/Project Contact:	Phone:	E-Mail:	
Please provide a brief overview of your organization's mission/focus.			
Is the geographic location to be served by this donation a low to moderate income area?	What percentage of the individuals you serve are low to moderate income (below 80% of the median income)?	Will this donation help provide affordable housing (includes multifamily rental housing) for low to moderate income individuals?	
Does your organization currently have an account relationship with FN CB?	What FN CB branch services your account?	Have you received support from FN CB in the last calendar year?	
Please list any First National Community Bank employees involved in your organization and their roles:			
Does your program focus in Lackawanna, Luzerne, Wayne or Monroe counties?	Counties you serve	Is this request a donation (gift for program or project) or sponsorship (advertising/event tickets/golf, etc.)?	
REQUEST INFORMATION			
Amount Requested	Date donation/sponsorship need by:	Has FN CB sponsored this particular program/event in the past? What year(s)?	
Briefly describe the nature of your request and how funds will be used.			

ADDITIONAL INFORMATION

If this is a sponsorship request for an event or project, please outline the benefits for FNCB. **All ad specs MUST BE ATTACHED.**

Please explain how FNCB's funds will be used:

Please describe how your organization 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, the contribution will be used for the purpose outlined in this application.

Signature of applicant: _____ Date: _____

Printed name and title: _____