



# MANASQUAN BANK

*Charitable Foundation*

2221 Landmark Place  
Wall Township, NJ 08736  
Phone: (732) 223-4450 Fax: (732) 223-2820  
www.manasquan.bank  
mbcf@manasquan.bank

## Grant Application

### 1. ORGANIZATION:

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

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

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

County: \_\_\_\_\_ Website: \_\_\_\_\_

Name & Title of Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 2. FEDERAL TAX ID NUMBER: \_\_\_\_\_

(Must be included or application will be denied)

### 3. MISSION OF THE ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 4. COUNTY OR COUNTIES SERVED: \_\_\_\_\_

### 5. WILL MORE THAN 50% OF THE GRANT BENEFIT LOW OR MODERATE INDIVIDUALS/ FAMILIES

(This is for informational purposes only. This information will be used for credit towards Community Reinvestment Act)

YES \_\_\_ NO \_\_\_

### 6. HAS YOUR ORGANIZATION PREVIOUSLY RECEIVED A GRANT FROM THE MANASQUAN BANK CHARITABLE FOUNDATION?

YES \_\_\_ NO \_\_\_



7. PLEASE PROVIDE THE PERCENTAGE OF INCOME THAT WILL BE DELIVERED TO RECIPIENTS. \_\_\_\_\_%

8. TOTAL BUDGET OF THE ORGANIZATION: \$ \_\_\_\_\_

Sources of operating funds (% of total operating income)

Federal _____%	Corporate Gifts _____%	State _____%
Individuals _____%	City _____%	Endowment Income _____%
Fees _____%	United Way _____%	Foundations _____%
Events _____%	Other _____% (explain) _____	

9. PLEASE ATTACH A LIST OF OTHER GRANTS/CORPORATE DONATIONS PENDING OR RECEIVED IN LAST 24 MONTHS

(Include name, amount received or pledged and year received)

10. PLEASE ATTACH A LIST OF BOARD MEMBERS

11. PURPOSE OF REQUEST

(Brief explanation must be provided in this space but you may also attach longer description):

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12. AMOUNT OF REQUEST: \_\_\_\_\_

13. PLEASE INDICATE HOW YOU WERE REFERRED TO THE MANASQUAN BANK CHARITABLE FOUNDATION. IF REFERRED BY A MANASQUAN BANK EMPLOYEE, PLEASE INCLUDE THEIR NAME.

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\_\_\_\_\_  
Requesting Organization

\_\_\_\_\_  
Signature Date