



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: _____

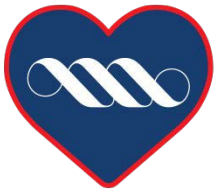
5. WILL MORE THAN 50% OF THE GRANT BENEFIT LOW OR MODERATE INDIVIDUALS/ FAMILIES

(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 _____



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

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):

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.

Requesting Organization

Signature Date



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PHOTO/VIDEO RELEASE FORM

THIS AGREEMENT IS BETWEEN MANASQUAN BANK.

AND _____.

For good and valuable consideration, receipt of which is acknowledged, I hereby grant to MANASQUAN BANK (BANK) and to other such persons as BANK may designate from time to time, the absolute right and permission to use my likeness and photograph, in whole or part, or distorted in character of form, together with or without written copy for advertising, publicity, or trade purposes.

Use on www.manasquan.bank, social media sites, press releases, printed materials, billboards and posters shall be permitted.

I hereby waive all my rights to inspect and approve the finished materials, its use or such copy as may be used in connection herewith.

I hereby release, discharge and agree to save harmless BANK and all other persons using my likeness and photograph in accordance with the terms hereof, including but not limited to any liability for what might be deemed to be misrepresentation or defamation of me, my character or my person due to distortion, alteration, optical illusion or otherwise due to faulty reproduction which may occur in the finished product.

I represent that I am over 18 years of age and have the right to enter into this agreement.

Print Name: _____

Signature: _____ **Date:** _____