



# CHARITABLE GIVING PROGRAM

At BankFive, we are dedicated to strengthening our communities through targeted charitable contributions that support non-profit and civic organizations. Our Charitable Giving Program is designed to maximize the impact of limited funds by focusing on initiatives that align with our core areas of impact.

## Guidelines for Donation and Grant Requests

With the increasing demand for charitable contributions, BankFive evaluates requests based on their alignment with our areas of impact. We do not provide contributions to political parties, candidates, or fundraising events and organizations that discriminate based on gender identity, religion, race, age, ethnicity, marital status, or sexual orientation. BankFive's contributions are directed to programs and initiatives that create meaningful change in the following areas:

**Equity-Based Youth Programs:** Providing equitable opportunities for youth to succeed through education, mentorship, and leadership initiatives.

**Community Health Services & Basic Needs:** Addressing critical needs such as healthcare access, food security, and essential services to enhance the quality of life.

**Underserved Communities:** Initiatives assisting with affordable housing initiatives and revitalization in underserved communities.

**Business and Economic Development:** Programs that enhance business and economic growth.

**Arts & Culture:** Supporting programs that enrich communities through creative and cultural experiences.

**Financial Literacy:** Empowering individuals and families with the tools and knowledge needed for effective financial management and planning.

## Geographic Eligibility

To be eligible, your organization must operate in and provide services to at least one of the following communities:

### Massachusetts:

- Bristol County
- Barnstable County

### Rhode Island:

- Bristol County
- Newport County
- Washington County
- Providence County
- Kent County

## Procedure for Submitting Requests

To apply, complete the attached **Donation Request Form** and include the following documents:

- Copy of 501(c)(3) Non-Profit Status Form
- Copy of Taxpayer Identification Number (W-9 Form)
- Brief cover letter on organizational letterhead, including relevant information and your mission statement
- Sponsorship levels and ad specification materials (if applicable)

Submit your completed request package **at least two months prior** to the desired deadline via email to [charitable@bankfive.com](mailto:charitable@bankfive.com). The Charitable Giving Committee meets monthly to review applications.

For more details about the program, visit [www.bankfive.com/charitablegiving](http://www.bankfive.com/charitablegiving).



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# Donation Request Form

Date of Request: \_\_\_\_\_ Person Making Request: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Year Established: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Method (phone, fax, email, or cell): \_\_\_\_\_

Required Documentation: Taxpayer Identification Number (W-9 Form); copy of 501C(3) Non-Profit Status Form

Is this organization a 501-(c3) nonprofit agency?

Is this organization a member of United Way?

What is the organization's primary mission? \_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Check made payable to: \_\_\_\_\_

Funds needed by: \_\_\_\_\_

Detailed description of how funds will be used. \_\_\_\_\_  
\_\_\_\_\_

What percentage of amount requested will be used for programs? \_\_\_\_\_

How does this organization or this event help low-to-moderate income groups? \_\_\_\_\_

The funds will be used to benefit the following: (check all that apply)

- |                    |                             |   |
|--------------------|-----------------------------|---|
| Arts and Culture   | Economic Development        | Affordable Housing Initiatives            |
| Childcare          | Education                   | Community Health Services & Basic Needs   |
| Financial Literacy | Elder Services              | Revitalization in Underserved Communities |
| Food Insecurity    | Equity-Based Youth Programs | Veteran Programs and Assistance           |

What area will the funds benefit? (City, State) \_\_\_\_\_

Signature of Person making request: \_\_\_\_\_