



## **First National Bank** **A L A S K A**

MEMBER FDIC

### **Contribution Guidelines**

#### **STATEMENT OF PURPOSE**

First National Bank is committed to Alaska and Alaskans and to their economic and cultural growth. We support non-profit community groups and activities and encourage First National employees to become actively involved in their communities.

In addition to employee involvement, First National contributes funds to selected non-profit organizations. Each branch manager has the authority to make contributions to local community organizations and events. Additionally, contributions are made at the corporate level by First National's Donations Committee. This Committee meets once each month to review all requests for donations. To allow adequate time for consideration, requests should be received by the bank at least two months before the actual need for funding.

#### **QUALIFICATIONS**

First National has developed a set of guidelines to help evaluate requests for support and contributions. Requests will be considered from Alaska based non-profit organizations in four general categories:

- Community or public service,
- Health and education,
- Arts and humanities, and
- Youth and senior citizens.

Eligible organizations must be non-profit and designated as tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

Requests for support will not be considered from:

- Individuals
- Religious or political groups
- Groups based outside Alaska

Additionally, funds will not be contributed toward travel expenses for any individual or group, or toward any expense for an event being held outside Alaska.

## **HOW TO APPLY**

Organizations applying for a donation should submit a completed *Donation Request Application* along with a copy of the organization's current expense statement and budget, list of Board of Directors and most current Annual Report. The *Donation Request Application* may be obtained at any local branch, downloaded from the bank's website ([www.FNBAAlaska.com](http://www.FNBAAlaska.com)), and the following location:

First National Bank Alaska  
Marketing Department  
101 W. 36<sup>th</sup> Avenue, Suite 207  
P.O. Box 100720  
Anchorage, Alaska 99510-0720

When completing the *Donation Request Application* form, make certain the following is clearly identified:

- description of the organization, including its history, purpose and proposed project;
- a statement of need and a description of the methods chosen to meet its goal;
- the time expected to complete this project as well as any major milestones;
- the total cost of the project, other sources and levels of funding, and the amount and/or items being requested;
- a statement demonstrating broad community support for and involvement in the project and the organization.

## **WHEN TO APPLY**

Contribution requests are reviewed monthly. Each organization submitting a contribution request will be notified in writing following the allocations.

## **WRITTEN ACKNOWLEDGMENT**

Each organization approved for a donation will be forwarded a contribution acknowledgment form. The completed form should be returned to First National. Please include the organization's name, address, amount received (or items received), date received and signature.

## **DONATIONS COMMITTEE**

The Committee meets monthly to evaluate contribution requests. Members of the committee are officers representing different business areas of the bank.



## DONATION REQUEST APPLICATION

ATT’N: Marketing Department  
P.O. Box 100720  
Anchorage, AK 99510-0720

Note: This is an editable form. Please click on the fields below to complete them.

Name of Organization \_\_\_\_\_ 501(c)(3) ID: \_\_\_\_\_

Executive Director (name and phone): \_\_\_\_\_

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

email: \_\_\_\_\_

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

Contact person and phone for this request: \_\_\_\_\_

Submission Date of Request: \_\_\_\_\_ Date donation is needed: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED APPLICATION TO THE ADDRESS ABOVE:**

**Mission statement of your organization:**

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**Specific amounts / items requested:** \_\_\_\_\_

**Which bank officer / employee can speak on behalf of this request? (this is not required for consideration of this request)** \_\_\_\_\_

**Describe how and when the funds (or items) will be used:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which community or neighborhood in Alaska will benefit from this donation?** \_\_\_\_\_

**Does your program target low- to moderate-income audiences?**      YES      NO

**How do you track the income level and number of program recipients in low- to moderate-income brackets?** \_\_\_\_\_  
\_\_\_\_\_

**If requested, what documentation can you provide in support of the statements in the shaded area?** \_\_\_\_\_  
\_\_\_\_\_

**How will the bank's donation be acknowledged?** \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: YOUR APPLICATION CANNOT BE CONSIDERED WITHOUT THE FOLLOWING:**

- COMPLETED IRS FORM W-9
- CURRENT EXPENSE STATEMENT AND CURRENT BUDGET
- CURRENT LIST OF BOARD OF DIRECTORS
- MOST RECENT ANNUAL REPORT

YOUR ORGANIZATION WILL BE NOTIFIED  
BY MAIL WHEN A DECISION IS REACHED BY THE COMMITTEE