

Eastern CT Savings Bank Foundation, Inc.

Please carefully read all of the enclosed materials to ensure that you are aware of application deadlines and eligibility requirements. No application may be considered without submission of all requested information.

Statement of Purpose

The Eastern CT Savings Bank Foundation, established in 1999, was formed to assist in improving the quality of life in communities within the Bank's market area. The communities the Foundation predominantly assists are located in eastern CT (New London and Windham Counties). The Foundation supports scientific, educational, and charitable organizations through charitable grant awards. Grants to these groups are intended to demonstrate our community commitment and allow the Bank to give back to the people it serves.

As specified in its certificate of incorporation, the Foundation shall be operated exclusively for charitable, scientific, literary and educational purposes, in such manner as will, in the discretion of the board of directors, primarily and most effectively assist and promote the well-being of the inhabitants of the communities where the Bank maintains offices or provides services, by among other activities engaging in charitable activities and extending financial aid through grants, to organizations qualified as exempt from federal income taxation under Section 501(c) (3) of the Internal Revenue Code and governmental units referred to in Section 170(c) (1) of the Internal Revenue Code.

Grant Application Procedures:

Your application **must** include all items detailed on the checklist below. Please use this checklist as a guide to ensure that you have enclosed all items. **All requested items must be received by this office on or before the stipulated deadline for the request to be considered.**

- Completed Eastern CT Savings Bank Foundation Grant Application
- Completed (signed & sealed) certification form
- Copy of your organization's IRS determination letter as proof of your 501(c)(3) or 170(c)(1) status
- List of members of the governing board or description of organizational structure
- Budget summary identifying expenses and income for program/project
- Detailed description of intended use of funds or written proposal for needs and use
- Copy of the most recent financial statement and program brochure

Include any optional items that you feel will further define the program or purpose of the grant.

All documents and materials submitted for consideration will be held in strict confidence. All materials become the sole property of Eastern CT Savings Bank Foundation. **Please send your completed application package to:**

**Eastern CT Savings Bank Foundation, Inc.
P. O. Box 709
Norwich, CT 06360**

Grant Information & Criteria

Application/Awards period:

Applications will be accepted from November 1st through March 31st of each year.

Awards are distributed in June of each year.

Award amounts: Minimum \$500 – Maximum \$5,000

Qualifications/Criteria:

- Applicants must qualify as a 501(c)(3) or 170(c)(1) organization.
- Grant must be used for a specific program or project and may not be used for general operating expenses of any organization.
- Organizations are funded on a year-to-year basis; multi-year program commitments are not made.
- Religious institutions are not eligible, except for non-sectarian activities that benefit the community at-large.
- Endowment funds are not eligible.
- Individuals are not eligible.

For questions regarding the application process, please contact:

Kathleen Golec
257 Main St.P.O. Box 709
Norwich, CT 06360Phone: (860) 425-0122
Fax (860) 889-4304
kgolec@bankeasternct.com

CERTIFICATION FORM

I, _____, being duly sworn, depose and say that I am the
(Representative's Name)

_____ of _____
(Representative's Title) (Organization Name)

a 501(c)(3) or 170(c)(1) non-profit organization having its principal office in _____.
(Location of Organization)

I further certify as follows:

1) Attached hereto is a true and correct copy of a determination letter issued on _____,
(Date of Issue)
confirming that said organization is, a) exempt from federal income taxation as an organization described in
Section 501(c)(3) of the Internal Revenue Code (the "Code"), or b) is a governmental unit referred to in
Section 170(c)(1) of the Code, which letter constitutes the determination letter most recently issued by the
Internal Revenue Service relating to the federal income tax status of _____.
(Name of Organization)

2) To the best of my knowledge, _____ continued to qualify
as a) an organization described in Section 501(c)(3) of the Code, or b) a governmental unit referred to in
Section 170(c)(1) of the Code, and I am unaware of any pending circumstances that would cause me to
believe that such status is unlikely to continue.

(Signature/Title)

Dated at _____, this _____ day of _____, sworn to
(City/State) (Day) (Month/Year)

before this _____ day of _____.
(Day) (Month/Year)

(Notary Signature)

(SEAL)

Eastern CT Savings Bank Foundation, Inc. Grant Application

Organization Info

Legal Name of Organization: _____

Mailing Address: _____

City _____, Connecticut, Zip _____

Street Address: _____
(if different from mailing)

Agency Website: _____ Tax ID #: _____

Organizational Profile (Mission Statement and history of organization – attach separate sheet as needed):

Contact Information

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Grant Request

Amount Requested: _____ Total Project Budget: _____

Number of people expected to benefit from this project: _____

Other funding sources (please include all sources of funding received or pending for your organization within the past 12 months – attach separate sheet if needed):

| Amount | Source of Funds | Application Pending | Application Denied | Date Award Received |
|--------|-----------------|---------------------|--------------------|---------------------|
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Detailed description of intended use of funds. Description should include how funds would be spent, geographic area(s) affected by project and the estimated duration of program/project (attach separate sheet if needed):

Application Signatures

Our signatures are entered as the authorized representatives of the applying organization. I/We certify that the funds applied for will be used solely for the purpose of the program described in the application. I/We understand that failure to apply grant funds to the designated program or failure to complete the program within the defined time period may result in the return to the Foundation of any grant money issued pursuant to the Grant Application.

I/We will notify Eastern CT Savings Bank Foundation, Inc. one month prior to completion of the program.

I/We agree to submit a summary of our program and related financial statements to the Eastern CT Savings Bank Foundation, Inc. when program is completed.

Signature/Title

Date: _____

Signature/Title

Date: _____

Signature/Title

Date: _____