



Application for Funding Support

CONTACT INFORMATION

Date of Application			
Organization / Event Name			
Federal Tax ID # *Please provide a copy of your W-9 with this application.			
Primary Contact	Phone Number	Email Address	
Mailing Address	City	State	Zip
Street Address	City	State	Zip
Organization Website			

FUNDING INFORMATION

Amount of funding requested
Event date, time & location, if applicable

AREA OF SUPPORT (Please check area of support to which the funding applies)

Youth & Education: Ensures children are safe, healthy, and enter school ready to learn while engaging school-aged children to be confident, responsible and happy.

Family & Health: Provides food to eat, a roof overhead, access to health care, and safe, healthy productive lives.

Community Arts: Offers cultural enrichment and artistic education.

Economic Development: Supports community and civic activities as well as local economic development.

Other: Please describe _____

Please mail application to the following location:

Cross Keys Bank
Jim Cuthbert
 Community Funding Support
 Request 1401 Suite 101
 Monroe, LA 71201

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Please provide the following descriptions. Attach additional pages if needed.

DESCRIPTION OF ORGANIZATION AND/OR EVENT

DESCRIPTION OF BENEFITS OR CONSIDERATIONS THE BANK WILL RECEIVE

DESCRIPTION OF (ANY) ACCOUNT RELATIONSHIP(S) WITH CROSS KEYS BANK

ADDITIONAL REQUIREMENTS

Please include a copy of your W-9 with your application. In addition, please attach a list of Board of Directors and an annual report if applicable. If there is any additional information that would help us make a better decision regarding your request please attach it as well. Thank you.

Thank you for your request.