



Republic Bank and Republic Bank Foundation ("Republic") allow organizations to request sponsorship and/or grant funds once a year and requires them to complete and submit this questionnaire. Submissions not providing ample time for consideration may limit the opportunity for support. Completion of this form does not guarantee that Republic will be able to fulfill the request. Please return this completed form and required documentation to contributions@republicbank.com.

Date of Request:	Person Making Requ	uest:	
Organization:			
Physical Address:	City:	State: Zip:	
Mailing Address:	City:	State: Zip:	
Executive Director/Primary Contact:			
Executive Director/Primary Contact Phone:	Email Address	s:	
Organization Web Address:			
Description of charitable or philanthropic organization:			
What is the organization's primary mission:			
Documentation needed: (i) Copy of II	RS designation letter (i	i) Copy of IRS Form 990	
(iii) List of Board of Directors	(iv) W-9 (v) Annual Rep	oort, if available	
Is this organization a 501(c3) non-profit entity?		☐ Yes	☐ No
Is this doganization a sortest from profit entity: Is this donation tax deductible?		☐ Yes	□ No
3. Is this organization a member of the United Way?		☐ Yes	□ No
4. Amount requested? \$ Term:	Date funds needed	l by:	
5. In detail, describe the program, event or project that the contribu			derate
income (LMI) individuals, if applicable:	11	11	
If an event, where and when will the event take place?			

7. If the request if for an event, what percentage of amount requested will be used ${\bf f}$	or the organization's programming or	mission (not	the event)?
8. How will the organization measure the outcome of this program?			
9. Will there be any advertisement or promotions featuring Republic?		☐ Yes	□ No
If yes, please describe:			
10. Have you contacted other Beauthlia Bank offices / ampleyees? Please list.			
10. Have you contacted other Republic Bank offices / employees? Please list:			
11. Are you a customer of Republic?		☐ Yes	□ No
If yes, what relationship(s) do you have with us?			
12. Are any employees of Republic involved in the organization or specific event? Ple	asa list:		
12. Are any employees of Republic involved in the organization of specific events free	35C 1151.		
13. Is your organization within Republic's footprint?		Yes	☐ No
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14. Has Republic participated or donated in the past? In what way?			
15. Are 51% or more of the organization's clients low-to-moderate in income ("LMI")?		☐ Yes	□ No
If yes, what percentage is LMI:			
16. How does this organization or this event help LMI groups?			
Support Affordable/Transitional Housing primarily benefiting	☐ Healthcare services to low-to-modera	ate individuals	
low-to-moderate income individuals	Activities that revitalize or stabilize lo		e geographies
☐ Home Ownership	☐ Promote Economic Development by f		0 0 1
Community services primarily benefiting low-to-moderate income	☐ Job training and readiness for low-to-		
individuals or geographic areas	☐ Not Applicable		
Financial Literacy, education and/or counseling to low-to-moderate income individuals			
Printed or typed name:Signature:			
Signature.			
FOR INTERNAL USE ONLY			
Printed Name of Republic Bank employee:			
Signature of Republic Bank employee:			
Printed Name of Republic Bank Business Unit Manager:			
Signature of Business Unit Manager:			
Amount approved: \$ Approved by committee member name:			
Date approved:			