

## ORGANIZATION DETAILS

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**ORGANIZATION NAME \***

**EIN**

**WEBSITE**

**PHONE NUMBER**

**ADDRESS \***

**CITY \***

**STATE \***

CHOOSE A STATE 

**POSTAL CODE \***

**WHAT IS YOUR ORGANIZATION'S MISSION?**

**IS THE ORGANIZATION A 501(C)(3)**

YES

NO

## PRIMARY CONTACT DETAILS

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**FIRST NAME \***

Enter a value

**LAST NAME \***

Enter a value

**TITLE**

Enter a value

**EMAIL**

Enter a value

**PHONE**

Enter a value

**ADDRESS**

Enter a value

**CITY**

Enter a value

**STATE**

CHOOSE A STATE



**POSTAL CODE**

Enter a value

**ARE THEY THE ORGANIZATION'S EXECUTIVE DIRECTOR?**

YES

NO

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**EXECUTIVE DIRECTOR FIRST NAME**

Enter a value

**EXECUTIVE DIRECTOR LAST NAME**

Enter a value

**EXECUTIVE DIRECTOR EMAIL**

Enter a value

## ORGANIZATION BOARD MEMBERS

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FIRST NAME

Enter a value

LAST NAME

Enter a value

TITLE

Enter a value

LEE BANK  
EMPLOYEE



**PROGRAM NAME\***

**PROGRAM DATE\***


Enter a value

02/17/2022 


**REQUESTED AMOUNT\***

**FUNDS NEEDED BY\***

Enter a value

02/17/2022 







**PROGRAM TYPE**

SELECT A PROGRAM TYPE(S) 

**DESCRIBE THE LOCATION/AREA MOST IMPACTED BY THE DONATION**







Enter a value

**INTENDED USE OF FUNDS**

**B I U**  **H1 H2**       
Enter a value







PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROGRAM. INCLUDING, WHO WILL BENEFIT FROM THE FUNDS, HOW IT WILL IMPACT THE COMMUNITY AND SPECIFIC PROGRAMS OR SERVICES PROVIDED.

**HOW DOES THIS PROGRAM DECREASE THE WEALTH GAP WITHIN IT'S GEOGRAPHICAL AREA?**







**B I U**  **H1 H2**       
Enter a value

HOW IS YOUR ORGANIZATION, AND THE PROGRAM YOU ARE APPLYING FOR SPECIFICALLY, WORKING TO REDUCE THE OPPORTUNITY AND WEALTH GAP WITHIN THE GEOGRAPHICAL AREA OF THE PROGRAM?

**DETAIL HOW YOUR PROGRAM IS USING A CREATIVE OR ORIGINAL APPROACH.**

**B I U**  **H1 H2**       
Enter a value

**PREVIOUS FUNDING**

**B I U**  **H1 H2**       
Enter a value

HAVE WE PREVIOUSLY AWARDED YOUR ORGANIZATION FUNDING? IF SO, WHEN WAS THE FUNDING AWARDED AND WHAT WAS IT FOR?