



Community Giving Application

Please complete the following application in its entirety in the space provided.

Organization Information

Date:

Name of Organization:		
Federal Tax Identification Number:		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
Organization Web Address:		
Primary Contact:	Title:	E-Mail:
Telephone:	Fax:	
Please list any First Independent Bank employees involved in your organization and their roles:		
Is this organization currently a customer of First Independent Bank? Yes <input type="checkbox"/> No		
Please provide a brief overview of your organization and its mission:		
Of the clients you serve, what percent are from low-to-moderate income areas? % <i>If your organization does not track this information, please skip the question.</i>		

Request Information

Amount Requested: \$	Date of Application:
Type of Request (check one): <input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Event/Project <input type="checkbox"/> Other	
Briefly describe the nature of the request:	
Does the request address at least one of First Independent Bank's funding priority areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please submit your completed application to:

First Independent Bank of Nevada
Community Giving Program
5335 Kietzke Lane
Reno, NV 89511
Fax – 775-828-2089

Applications will be evaluated monthly by a committee of First Independent Bank colleagues.

You should be notified by First Independent Bank within 30 days of submission of your application.

If you have questions about the Community Giving Program or its procedures, please call us at 775-824-4342.