

# **Community Service Award**

Service Organization Completes:								
Name of Service Organization:								
Physical Address								
<b>Mailing Address</b>	:							
City, State, Zip:								
<b>Business Phone:</b>	isiness Phone: Cell Phone:							
Email Address:	Website Address:							
Status: (Check One)								
	Non-Profit	Tribal Entity	Government	For Profit	Other			
Check the definition(s) that best applies to the PRIMARY PURPOSE of the funds received:								
Promotes e	conomic developme	Creates/Promotes entry-level jobs						
that have g	ross revenues of \$ 1	Supports/provides community services						
Creates/Retains/Improves Jobs				to low-and moderate-income				
Provides s	ervices to youth/el	Affordable housing for low- and moderate-income						
Revitalizes	/stabilizes neighbo							

Will any of the Award proceeds be used for housing and/or housing related purposes?YesNoIf yes, indicate the number of units:

Single Family OwnerSingle Family RentalMulti-Family RentalSingle BedSingle RoomSingle Room

Will all of the Award proceeds received be used to benefit the communities/individuals of southeast Alaska?

Yes No



# **Community Service Award**

If no, what percentage will be targeted in southeast Alaska?

Please list those communities below.

>\$40,300 and less than \$64,480 (Moderate Income)

Please complete the address information where the funds will be used. If there are multiple locations, provide the physical address where the majority of Award proceeds will be targeted:

Physical Address:

City:

State:

Zip Code:

Of your clients that will be served with these Award proceeds, complete the percentages of the following income categories.

**BASED ON ANNUAL HOUSEHOLD INCOME:** 

Less than \$40,300 (Low Income)

If you cannot reliably complete the percentages within the income categories above, please select the income based program that provides the best basis for determining the income category of the majority of your clients that will be served with these Award proceeds:

Alaska School Breakfast & Lunch Pro	gram	Alaska Head Start	
Alaska Denali Kid Care		Alaska Medicaid	
Is the purpose or use of these Award proceeds	a part of a comprehe	nsive community development, economic d	evelop-
ment, or housing plan strategy?	Yes	No	

If yes, specify:

### **Briefly Describe Your Organization's Mission:**

### I understand by signing below that payment for this Award by First Bank for Services, donated items, or monetary contributions will be submitted to COMMUNITY SERVICE ORGANIZA-TION, and that COMMUNITY SERVICE ORGANIZATION is responsible to forward payment to the CSA Group.

## Authorized Service Organization Signature and Title: Date:



## **Community Service Award**

## **CSA Group Completes:**

Name of CSA Group:

**Physical Address:** 

Mailing Address:

City, State, Zip:

**Primary Contact/Title:** 

Phone/Cell/Fax:

**# of Participants:** 

Please briefly describe the use of funds and when they will be needed:

Award Start Date:

**Award End Date:** 

I understand by signing below that payment for this Award by First Bank for Services, donated items, or monetary contributions will be submitted first to COMMUNITY SERVICE ORGANIZATION, and that theyare responsible to forward payment to COMMUNITY SERVICE AWARD GROUP.

**Date:** 

Interoffice Use Only

First Bank Signature:

Date:



#### COMMUNITY SERVICE AWARD PROGRAM GUIDELINES

#### PURPOSE

First Bank is committed to the vitality and success of the customers and communities it serves. The Board of Directors and management understand the need to maintain strong ties at the community level and the responsibility to invest in and serve the customers and markets that provide its sources of funding.

The Community Service Award (CSA) Program was designed to encourage and foster citizenship, knowledge, and personal development of people in Southeast Alaska through community service opportunities. At the same time, the program creates benefits to various organizations and foundations that provide critical services for healthy communities. In short, First Bank pays one group to help another.

#### **GENERAL GUIDELINES**

- A CSA Application must be submitted & approved by First Bank prior to performing any service
- First Bank will work with an approved community-based organization to be matched with a youth organization wishing to perform a community service
- There must be at least one adult leader for the group applying for CSA
- Your group will contact the selected organization to discuss need and logistics
- Your service should be completed within two months of your approved CSA application
- Upon completion of the service you will notify First Bank for further instruction
- The receiving organization will provide a value to your service contribution to First Bank (for service involving labor, the value will be based on \$15.00 per hour per participant performing the service)
- First Bank will apply the award directly to the community based organization first based on the award schedule stated below

#### AWARD SCHEDULE

Upon completion of service

- Contribution values will receive 100% match of that value from First Bank with a CSA cap of \$2,000.00.
- Also, First Bank may initiate a press release (with your permission) in the local media orFaceBook
- for recognition of your group's community service efforts

#### COMMUNITY SERVICE AND FUNDRAISING

Fundraising efforts are up to the imagination of your group. These efforts can result in food and supply drives, monetary fund drives, or providing services for the approved target organization – yard clean- up, car washes, garage sales, etc. First Bank representatives will work with you to provide ideas and support in your community service endeavors.

#### HOW TO APPLY

Follow the application submission option on the application form or return the completed application and attachments to any First Bank branch or office location.

Applications are accepted at any time; there is no application window or deadline. Please allow reasonable and sufficient time for application review and final decision.

Funding is limited. First Bank reserves the right to decline or defer applications based upon adherence to the guidelines stated and availability of funding.

#### The target group must qualify under the Federally Mandated Guidelines under the Community Reinvestment Act.



Service Group Name: \_\_\_\_\_

Service Date (mm/dd/yyyy): \_\_\_\_\_

NAME	START TIME	END TIME	TOTAL HOURS	WAGES	SIGNATURE



Photo Release Form Personal Image Use

I hereby grant to First Bank, its representatives and employees the irrevocable and unrestricted right to use, reproduce and publish photographs of me, including my image and likeness for editorial, trade, printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. I hereby release to First Bank, its representatives, employees from any and all claims, actions and liability related to its use of said photographs.

Signature

Date

Printed Name

If under 18, signature of parent / guardian

Printed name of parent/guardian