

November 2018

## Charitable Contribution Application

### Instructions for Applicants:

There are eight sections to the MUFG Union Bank grant application that required completion in order to submit a grant request:

1. General
2. Organization
3. Contribution
4. Sponsorship
5. Outcomes
6. Demographics
7. Communications
8. Additional Info

Note, all of the application questions are represented in this document including conditional questions which will only appear depending on the answer you provide to a previous question.

### Conditional questions:

- Questions will only appear if the answer to the question before is marked "Yes" (these are notated by an indentation).
- Questions will appear based on the selections chosen for "Type of Support Requested" in Section 1 and "Primary Focus" in Section 3.
- The Outcomes section (Section 5) consists mainly of conditional questions that are based on answers given to questions in Section 3.

Applicants will only see and be required to respond to questions relevant to the support type and focus of the application.

The format of this document is consistent with the layout of our on-line application.

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## Section 1: General

***Please note: You can save and return to your application any time by using the available buttons at the bottom of each page. Once you save, you can log out and log back in to continue where you left off. Please use the Back/Next buttons at the bottom of each page instead of your browser buttons.***

**\* Requesting organization name (legal name)**

If your organization is a subsidiary, enter the name of the parent organization

**\* Enter your federal taxpayer ID number**

Format 12-1234567

**Website URL of organization**

**\* What type of support are you requesting?**

- Event Sponsorship
- Program Grant
- Operating Grant
- Program/Operating Grant and Event Sponsorship

**\* What is the name of the program and/or event for which you are requesting funding?**

**\* Are you a certified Community Development Financial Institution (CDFI)?**

- Yes
- No

**\* Are you a certified Housing and Urban Development (HUD) provider?**

- Yes
- No

**\* Does your organization have a fiscal agent (pass-through) arrangement with a 501c3 to receive funds on its behalf?**

- Yes
- No

If so, select Yes and then provide that organization's Tax ID number which we will use to verify as tax exempt.

**\* Enter your fiscal agent (pass-through) sponsors name here**

**\* Fiscal agent (pass-through) Organization's 501(c) federal taxpayer ID number**

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\* Organization Address

\* Organization City

\* Organization State

\* Organization Postal Code

\* Organization Phone Number

Please use the following format: 555-555-5555

Extension

\* Organization General E-mail Address

Please provide an alternate email for your organization, which may be used as a back up to the below primary contact information provided.

*Please provide the contact information for the person submitting the application in case additional information is required.*

\* Request Contact Prefix

\* Request Contact First Name

\* Request Contact Last Name

Request Contact Job Title

\* Request Contact Phone Number

Extension

\* Request Contact Email Address

\* Executive Director's or CEO's name

\* Executive Director's Phone Number

\* Executive Director's Email Address

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**\* Is there an employee who would endorse your request?**

- Yes
- No

**\* Internal Bank Contact Name**

**Internal Bank Contact Email**

This will be used to correspond with internally

**\* Are there any MUFG, Union Bank or PurePoint employees actively involved with your organization?**

- Yes
- No

**\* Please identify employees who are actively involved with your organization and their involvement.**

Please limit your response to 250 words or less.

**\* Does your organization currently maintain a deposit account/loan with MUFG Union Bank?**

- Yes
- No

## Section 2: Organization

\* **What is your organization’s mission statement? (i.e. "Our mission statement is...")**

Please limit your response to 50 words or less.

\* **Briefly summarize your organization’s overall programs/services.**

Please limit your response to 300 words or less.

\* **Attach a current W-9 (signed)**

**Must be the latest version.** Please [click here](#) to download a blank copy from the IRS. Please upload as a PDF.

\* **Provide a list of your organization's Board of Directors and their business affiliations and titles:**

Please include full name and affiliation. For example:

Bill Simpson, Company Name, Title

Laura Smith, Company Name, Title

**How many individuals make up your leadership team/board members for the below categories?**

	*TOTAL # of individuals	*# of people of color	*# of women
Leadership team (senior staff)			
Board members			

**How many employees do you have?**

	*#
Full Time Employees	
Part Time Employees	

\* **Please provide the total annual operating budget for your organization**

Enter in US Dollars (USD). Do not enter "\$"

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**\* Are you legally required to conduct an independent annual financial audit?**

- Yes
- No

**\* If yes, upload your organization's most recent (last year preferable) audited financial statement. If no, upload your organization's most recent (last year preferable) IRS Form 990.**

**\* What is your top donor and amount?**

**Please provide your total revenue for the last three years**

	<b>*#</b>
<b>Last Full Year</b>	
<b>Year Prior</b>	
<b>2 Years Prior</b>	

**\* Total Assets**

Please enter in USD, Do not enter "\$"

**\* Are there any outstanding issues that could affect your organization's ability to operate and /or deliver services?**

e.g. notations in audited financials, major negative news or social media coverage, significant changes to the organization, pending litigation, significant funding shortfall that could hinder the organization's ability to operate, etc.

Note: Disclosure does not preclude eligibility for funding.

- Yes
- No

**\* Please include details of any outstanding issues**

Please limit your response to 100 words or less.

**\* Has your organization been subject to any negative media in which I may have compromised your organization's reputation?**

- Yes
- No

**\* Please use the text box below to include a brief description and your action taken.**

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## Section 3: Contribution

\* We prioritize our charitable contributions in the three Strategic Focus areas defined below:

- **Expand Housing Opportunities:** Increase housing stability and affordability for individuals and families.
- **Catalyze Economic Growth:** Enable the dignity and security of a livelihood and prosperity across all communities.
- **Sustain Human and Environmental Resources:** Stewardship of the human potential and natural resources on which our shared future depends.

Which of the following best represents your primary focus:

- Expanding Housing Opportunities
- Catalyze Economic Growth
- Sustain Human and Environmental Resources
- Arts & Culture
- Emergency Services
- Health

**(If Expanding Housing Opportunities) \*Please select applicable focus of this request:**

- Housing Development and Rehabilitation
- Emergency/Transitional/Permanent Housing
- Public Policy

**(If Catalyze Economic Growth) \*Please select applicable focus of this request:**

- Small Business Support and Innovation
- Job Training and Career Development
- Financial Education
- Scholarships

**(If Sustain Human and Environmental Resources) \*Please select applicable focus of this request:**

- Youth Development
- Basic Needs
- Land Preservation and Resource Conservation
- Clean Water
- Clean Energy

\* What is the total amount requested?

Please enter in USD, Do not enter "\$"

\* Please describe how you plan to use the funds requested

Please limit your response to 500 words or less.



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**\* Is this a new program?**

- Yes
- No

**\* Have you received a sponsorship/bank contribution from our company previously?**

- Yes
- No

**\* Please describe how the funds were used and any relevant comments**

**\* Does this request originate from an elected officer or a member of the California Public Utilities Commission?**

An "elected officer" includes all of the following: (1) any state, regional, county, municipal, district or judicial office that is filled at an election; (2) membership on a county central committee of a qualified political party; and (3) membership through election on the Board of Administration of the Public Employees Retirement System or the Teachers Retirement Board. Cal. Gov't Code Secs. 82020, 820233. Members of the California Public Utilities Commission ("CPUC") are defined in Cal. Gov't Code Sec. 84224.

- Yes
- No

**\* Please complete the below linked form. Please attach here if you plan on continuing your application.**

Click here to download Behested Payments Report Form



BEHESTED\_PAYMENT  
S\_REPORT\_Form\_20'

**\* What is the total budget for this program?**

Please enter in USD, Do not enter "\$"

**\* Please provide a list of your primary corporate and foundation funders for this program/event**

Please specify which funders/sponsors are confirmed, and provide any others that are not yet confirmed.

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## Section 4: Sponsorship

**Please note:** Please answer the below questions as they relate to the overall sponsorship. On the final page prior to submission you will be asked to add individual event details for each event included in your request.

**\* Select the type of event**

- Multiple Event Types
- Breakfast/Luncheon/Dinner
- Conference/Seminar
- Festival
- Golf Tournament
- Parade
- Run/Walk/Ride
- Show/Play/Concert
- Sporting Event
- Other Event Type

**\* Date of Event**

If more than one event, enter the date of the first event

**\* How many people do you estimate will be attending/participating in the event(s)?**

Please enter a number only.

**\* Does your request include any tickets as part of the sponsorship?**

- Yes
- No

**\* Please describe available tickets for the event(s)**

Include type/usage, quantity, cost, etc.

**For the requested sponsorship amount, specify how much is for:**

- **Charitable Portion/Non-Taxable:** Donations to qualified 501(c)(3) organizations that do not include any goods or services. Amounts be include associated administrative expenses (within reason) paid to make the donation or program related investments. It cannot include amounts made directly to any individual.
- **Fair Market Value/Taxable:** The portion of a contribution or sponsorship that accounts for the “goods and services” portion of a contribution. Typically includes the cost of food, drink or entertainment, especially for special event sponsorship, i.e. galas, luncheons, etc

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Please upload a PDF of the sponsorship details including all levels for consideration.

	<b>*\$ Value</b>
<b>Charitable Portion / Non-Taxable</b>	
<b>Fair Market Value/Taxable</b>	

**\* Please attach a copy of the event invitation and sponsorship opportunities**

Please attach a **PDF** file only. Max size 10MB

**If there are other additional sponsorship details to share, use the space below.**

## Section 5: Outcomes

**Please share overall outcomes from the last calendar year.** Next year we will follow up with all approved grantees to request program outcomes for this calendar year.

*(If this is a new program, please project outcomes in the fields below)*

### Expanding Housing Opportunities

How many:

	*#
Housing units were preserved	
New housing units were developed	
New housing units were rehabilitated	

How many individuals live in your housing units?

	*#
Emergency	
Transitional	
Permanent	

\* How many individuals did you help transition along the housing continuum (homelessness to emergency housing, or from emergency to transitional or permanent housing), as a result of the program?

\* Does your organization/program integrate green/sustainability components?

- Yes
- No

\* How many of the housing units referenced above had environmentally sustainable elements (e.g., energy and water efficient fixtures, green building materials, etc.)?

\* Do the housing development/rehabilitation projects have a sustainability certification (i.e., LEED, Energy Star, etc.)?

- LEED
- LEED Silver
- LEED Gold
- LEED Platinum
- Build it Green
- Other
- None

**Catalyze Economic Growth: Small Business Support and Innovation**

How many and what types of individuals were served:

	*#
Considered starting a business	
Microenterprise owner (1-5 employees)	
Small business owner (>5 employees)	

\* How many existing business owners received technical assistance?

In partnership with lenders, how many loans were made in the following categories:

	*#
Under \$25K	
\$25,001-\$100K	
\$100,001-\$250K	

\* How many businesses accessing capital were women, minority or service-disabled owned?

\* How many new businesses were created?

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\* How many new jobs were created?

Of the above total jobs, how many were:

	*#
Full Time	
Part Time	

\* How many jobs were retained?

\* Does your organization/program integrate green/sustainability components?

- Yes
- No

\* How many new green businesses were created as a result of this program?

\* How many new green jobs were created as a result of this program?

\* How many green jobs were retained as a result of this program?

### Catalyze Economic Growth: Job Training and Career Development

To how many individuals did you provide the following services:

	*#
Job/occupational skills training	
Basic adult education programming (e.g. GED, ESL, computer literacy, reading/math)	
Work readiness training (communication, resume writing, interview skills)	
College readiness/support services	

\* How many program participants secured a professional certification as a result of the training?

\* How many program participants secured a job as a result of your services?

\* How many program participants secured a job at a higher wage?

How many of the total participants placed in employment were retained for 3 months, 6 months and 12 months. Also include the average wages of these participants.

	<b>*# Retained</b>	<b>*Average \$ Wages</b>
<b>3 Months</b>		
<b>6 Months</b>		
<b>12 Months</b>		

\* How many program participants entered post secondary education as a result of your services?

\* Does your organization/program integrate green/sustainability components?

- Yes
- No

\* How many program participants secured a green job?

\* How many program participants secured a green jobs professional certification as a result of the training?

\* Please identify the types of green jobs into which program participants will be placed

### **Catalyze Economic Growth: Scholarships**

\* How many students were awarded scholarships?

\* What was the average scholarship amount?

\* What is the total amount of scholarships that were awarded (in dollars)?

Please enter in USD, Do not enter "\$"

\* What is the total amount of scholarship dollars that were leveraged?

Please enter in USD, Do not enter "\$"

\* How many individuals received college readiness/support services?

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## Catalyze Economic Growth: Financial Education

\* Did you provide money management/credit counseling or homeownership counseling?

- Money Management/Credit Counseling
- Homeownership Counseling

\* How many individuals participated in workshops and/or 1:1 counseling?

\* How many hours of instruction were provided to program participants?

\* How many program participants improved their credit scores?

\* How many program participants opened a new savings or checking account?

\* How many program participants increased their savings?

## Money Management/Credit Counseling

\* Did individuals access the Earned Income Tax Credit?

- Yes
- No

\* How many individuals accessed the Earned Income Tax Credit?

\* How much total EITC revenue was generated?

Please enter in USD, Do not enter "\$"

## Homeownership Counseling

\* How many program participants purchased new homes as a result of this program?

## Sustain Human Resources: Youth Development

\* How many youth received academic instruction or support?

\* What specific type of instruction?

- Tutoring/homework help
- STEM/Art
- Environmental
- Not Applicable

\* How many youth participated in a program that supports socio-emotional or physical growth

(E.g., mentorship, health and wellness programs, youth leadership, etc.)?



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**Sustain Human Resources: Basic Needs**

- \* How many individuals were served?
- \* How many pounds of food were distributed?
- \* How many individuals were able to access public benefit supports as a result of this program?

**Sustain Environmental Resources: Land Preservation and Resource Conservation**

How many acres of the below were preserved?

	*# Acres
Coastline/river banks	
Land	

- \* How many acres of land preserved are in LMI communities?
- \* How many acres of land or coastline/river banks were purchased?
- \* How much trash/debris was removed from public spaces (measured in pounds)?

**Sustain Environmental Resources: Clean Water**

- \* How many people were impacted by or through water access/clean water programs?
- \* How many gallons of water were impacted through water access and sanitation programs?

**Sustain Environmental Resources: Clean Energy**

- \* Please estimate improved energy efficiencies that resulted from clean energy and/or renewable technologies associated with this program
- \* By what percentage were emissions reduced as a result of the clean energy and/or renewable technologies associated with this program?

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## General Outcome Questions

**\* Please tell us about any other measurable outcomes you tracked as part of this project/program**

**If relevant, please tell us about outcomes regarding systems change, the public policy process, issue awareness, or any other efforts this year**

**Please mark the capacity building activities in which your organization participated/led**

- Evaluation
- Financial Management
- Fund Development
- Information Technology
- Leadership Development
- Planning
- Project Management
- Public Policy
- Public Relations/Marketing
- Staff Development
- Other

**\* Please specify other capacity building activities**

**\* How many of your board/staff/volunteers participated in capacity building activities?**

**\* Please share one success story of how this funding impacted your clients or your organization**

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## Section 6: Demographics

### Primary Beneficiaries

**Using the fields below, please enter the primary address/location where clients served through this grant request will receive services.**

If the requested funds will be used to serve clients at multiple locations or multiple cities, please select the primary beneficiary location based upon where your organization has a particular emphasis. That may be based on one or more of the following factors listed below or others not listed here:

- Where are the most clients served?
- Where are the most low- and moderate-income clients served?
- Where is the most well established programming taking place?
- Where is there an emphasis on growing a start-up program?
- Where is programming being enhanced through collaborative partners?
- Where are special community concerns being addressed?

**Please note:** Later in this application, you will have an opportunity to list all program locations.

**\* Beneficiary Address**

**\* Beneficiary City**

**\* Beneficiary State**

**\* Beneficiary Zip**

**\* Beneficiary Country**

### Demographic Information

**\* Age Group**

Please select the Age Group that best describes the majority of persons served by this project/program:

- All Ages
- Early Childhood (0-5)
- Youth (6-17)
- Young Adults (18-25)
- Adults (26-64)
- Senior (65+)

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### Ethnicity

Please enter the percentage break down of ethnicity served by this program/event to the best of your knowledge.

	*%
Pacific Islander	
African American	
Asian	
Caucasian	
Hispanic	
Native American	
Middle Eastern	
Other	

### Gender

Please enter the percent of each Gender served by this project/program:

	*%
Male	
Female	

### \* Primary Population Served

Please select the Primary Population Served that best describes the majority of persons served by this project/program:

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## Other Populations Served

If there are other populations in addition to the above primary, please select all from the list below.

- Abuse - Child
- Abuse - Domestic Violence
- Disabilities - Mental
- Disabilities - Physical
- Disaster Victims
- Disease & Illness - AIDS
- Disease & Illness - Alzheimers
- Disease & Illness - Cancer
- Disease & Illness - Diabetes
- Disease & Illness - Heart
- Disease & Illness - Lung
- Disease & Illness - Other
- Disease & Illness - Parkinsons
- Disease & Illness - Substance Abuse
- Disease & Illness - Foster Youth
- Homeless
- Hospitalized Children
- Immigrant/Refugee
- Incarcerated/Parolees
- LGBT
- Military Families
- Military/Veterans
- General Population

## Impact On Low- to Moderate-Income (LMI)

**\* Does this project/program that the bank would be funding primarily serve low- to moderate-income (LMI) individual(s) or geographic area(s)?**

Low- to moderate-income (LMI) individuals or geographies = Less than or equal to 80% of median family income (MFI)

- Yes
- No

[Click here for regional data](#)



2017 FFIEC Est MFI  
w Qualifying Income.

1. Select the MSA or County in which the grant program/service will be provided
2. Determine if the income of the individuals or geographies served by the program/service qualify under column H (<80% MFI Qualifies as LMI)
3. If so, please respond "Yes"; If not, please respond "No"

Example:

1. Program/Service will be conducted in Anaheim-Santa Ana-Irvine, CA MSA
2. Applicant determines the income of the individuals or geographies to be served by the program/service = \$60,000 or less; Applicant confirms whether or not \$60,000 qualifies under column H (which for this example is \$70,400)
3. Since \$60,000 is less than \$70,400, applicant responds with "Yes".

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**\* What is the estimated percentage of participants in the program that the bank would be funding that would be considered LMI?**

**\* How is the LMI status of beneficiaries/participants verified?**

- Use actual income verification (tax returns, paystubs, etc.)
- Validation of government (local, state, federal) support which requires income limitations
- Use federal free and reduced lunch programs
- Other (note any other method used to verify LMI status)

**\* Please provide a complete listing of schools and their address or District that will benefit from our support:**

Click here to download the Free and Reduced Lunch Program Sheet



Free\_Reduced\_Meal  
\_Program\_List.xlsx

**\* Please describe how the LMI status of your client(s) is verified.**

Example: Tax returns are viewed during in-take process

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## Section 7: Communications

**\* Will you need or use our company name or logo on websites, in program materials or other advertising channels if this request is approved?**

- Yes
- No

Note: Any reference or usage of the bank name or our logo requires a review and approval prior to print or production.

**\* Please utilize the list below to assist in identifying possible needs:**

- |   |   |
|---|---|
| <input type="radio"/> Advertising - Outdoor | <input type="radio"/> Collateral - Program Ad |
| <input type="radio"/> Advertising - Print   | <input type="radio"/> Email                   |
| <input type="radio"/> Advertising - Radio   | <input type="radio"/> Promotional Items       |
| <input type="radio"/> Advertising - TV      | <input type="radio"/> Signage and Banners     |
| <input type="radio"/> Collateral - Brochure | <input type="radio"/> Social Media            |
| <input type="radio"/> Collateral - Flyer    | <input type="radio"/> Video                   |
| <input type="radio"/> Collateral - Postcard | <input type="radio"/> Web                     |
| <input type="radio"/> Collateral - Poster   | <input type="radio"/> Other                   |

**For items identified above please provide the following additional information if available or a contact for follow up:**

**\* Submission Due Date**

**\* Email address of where submission needs to be sent**

**\* Specifications of items needed**

i.e. size, color, page orientation, file format, etc. **Note:** Any reference or usage of the bank name or our logo requires a review and approval prior to print or production.

**\* Please provide below any additional information which may be relevant regarding the information collect above to ensure success.**

**\* How many people do you estimate will be made aware of this donation through your marketing and communications?**

Please enter a number only.

**\* Provide a list of any honorees**

Include company affiliation and any other relevant details

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**\* Does your organization have any volunteer opportunities for our employees?**

- Yes
- No

**\* Describe what types of volunteer opportunities will be available.**

Maximum 2500 characters, including spaces and punctuation.

**\* Volunteer Coordinator Contact - Name**

**\* Volunteer Coordinator Contact - Phone Number**

**\* Volunteer Coordinator Contact - Email Address**



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## Section 8: Additional Info

**Please complete the below information and click the "Next" button at the bottom of the page.** You will be asked to add specific details for each individual community that will be served with grant/sponsorship support. You will then be able to submit your request.

**\* If approved for a grant, do you commit to submitting your tax acknowledgement to MUFG Union Bank/PurePoint within 10 days of receiving the funds?**

Note: Failure to do so could jeopardize future consideration for MUFG Union Bank/PurePoint support.

- Yes

**\* Organization's Payee Name**

**\* Organization Remittance Mailing Address**

**\* Organization Remittance City**

**\* Organization Remittance State**

**\* Organization Remittance Zip Code**

**Electronic Signature**

**\* By typing your name you are hereby certifying that the information is accurate and complete.**

**\* Today's Date**

**Please click the "Next" button below, and on the next page you will be asked to add specific details for each individual community that will be served with grant/sponsorship support. You will then be able to submit your request.**