



## APPLICATION SUBMISSION CHECKLIST

Please forward the following as applicable.

- Completed Ulster Savings Community Funding Application Form.**  
(Click [here](#) to download the latest version of Adobe Reader, which will allow you to save your completed form in PDF format.)
- Organization Background** describing the organization's history, mission and goals.
- Demographic Profile** of population served.
- Project Overview** on why this project is needed in our community.
- Event Sponsorship** Please list the specific event you are requesting sponsorship for: Dinners, galas, auctions, walks, runs, relays, golf tournaments or any other fundraising event.
- Program/Project Details** Please be specific about the program or project that you are requesting sponsorship for.
- Journal Ad Specifications** Include size options, honoree names (if applicable) file format, specify if black and white or color, how to submit final artwork and ad deadline.
- The name of a contact person** for notification of funding decision.

**Please allow up to 40 days for a response to your application.**

**Final Note: Please do not send marketing materials with your application.**

**E-Mail, Mail, Fax or Drop-off Applications to:**

**ULSTER SAVINGS BANK  
180 Schwenk Drive  
Kingston, NY 12401  
Attn: Patti Ricci  
Email: [communityfunding@ulstersavings.com](mailto:communityfunding@ulstersavings.com)  
Fax: (845) 943-6920 Phone: (845) 338-6322, ext. 3205**

# Ulster Savings

Banking • Loans • Investments • Tax & Payroll • Insurance

## Application for Community Funding

### ORGANIZATION INFORMATION

Organization Name		Executive Director		
Address		City	State	Zip
Contact	Phone	Fax	Email	
Is organization run by Board of Directors?	<input type="checkbox"/> YES <input type="checkbox"/> NO	# Board Members	# Staff	# Volunteers
Organizational Structure	<input type="checkbox"/> 501 (C) 3 <input type="checkbox"/> Not for Profit Entity <input type="checkbox"/> For Profit Entity	Total Annual Budget \$		

Brief Description of Organization's Mission, target audience, and scope of activities:

### BUSINESS RELATIONSHIPS WITH ULSTER SAVINGS BANK

<input type="checkbox"/> Business Checking	<input type="checkbox"/> Business Loans	<input type="checkbox"/> Insurance
<input type="checkbox"/> Business Savings	<input type="checkbox"/> Mortgage / Consumer Loans	<input type="checkbox"/> Financial Services Products
<input type="checkbox"/> Other Business Accounts	<input type="checkbox"/> Other Loans	<input type="checkbox"/> Tax / Payroll Services

### REQUEST

<b>Amount Requested:</b> \$ _____	Please provide requested date for check disbursement: _____ USB Account that we may deposit funds into: # _____
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**EVENT SPONSORSHIP:** Please list the specific event for which you are requesting sponsorship: i.e. dinner, gala, auction, walk, run, relay, golf tournament, community event, fair, concert, or any other fundraising event. Please attach sponsorship form, description of recognition that USB will receive for sponsorship and other information if applicable and available.

<u>Event</u>	<u>Date of Event</u>	<u>Available Sponsorship Levels</u>	<u>Fund Disburse Date</u>

**PROJECT / PROGRAM SPONSORSHIP:** Please list the program or project for which you are requesting sponsorship. Attach additional sheets with detailed program or project information.

<u>Program or Project</u>	<u>Date of Program / Project</u>	<u>Available Sponsorship Levels</u>	<u>Fund Disburse Date</u>

**JOURNAL ADVERTISEMENT:** Please list the journal advertisement for which you are requesting sponsorship. Attach additional sheets with detailed advertisement information if applicable and available.

<u>Program &amp; Event Date</u>	<u>Ad Deadline</u>	<u>Available Sponsorship Levels</u>	<u>Payment Deadline</u>

**PLEASE REFER TO APPLICATION SUBMISSION CHECKLIST FOR ADDITIONAL INFORMATION**

**SUBMITTING AN APPLICATION**

We prefer that you save your completed application as a PDF file and submit it electronically by using the email address below. However, you can also drop off your request, mail or fax it to US. Our contact information is provided below.

**Email:** [communityfunding@ulstersavings.com](mailto:communityfunding@ulstersavings.com)

**Fax:** (845) 943-6920

**Mail:** ULSTER SAVINGS BANK, Attn: Patti Ricci, 180 Schwenk Drive, Kingston, NY 12401

**Branch Drop Off:** Please click [here](#) to find the nearest Ulster Savings Bank branch.

**PROPOSAL DECISION**

You will be notified by telephone or email (to the address you supply above) of our final decision. Please contact Patti Ricci at (845) 338-6322, ext. 3205 / [pricci@ulstersavings.com](mailto:pricci@ulstersavings.com) or Jeffrey Wood at (845) 338-6322, ext. 3268 / [jwood@ulstersavings.com](mailto:jwood@ulstersavings.com) with any questions regarding your application.

**DISCLAIMER**

By submitting this application electronically, I hereby certify that the information provided is accurate and true to the best of my knowledge. If the event, program, or project, as applied for, is cancelled, delayed or not carried out in substantially the same format as indicated in this application, I or a representative from this organization will contact Ulster Savings Bank, and I understand that the approved funding may be rescinded or reimbursement of disbursed funds requested.