



**MANASQUAN  
BANK**  
*Charitable Foundation*

2221 Landmark Place  
Wall Township, NJ 08736  
Phone: (732) 223-4450 Fax: (732) 223-2820  
www.manasquanbank.com  
mbcf@manasquanbank.com

## Grant Application

### 1. ORGANIZATION:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Website: \_\_\_\_\_

Name & Title of Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. FEDERAL TAX ID NUMBER: \_\_\_\_\_

(Must be included or application will be denied)

3. MISSION OF THE ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. COUNTY OR COUNTIES SERVED: \_\_\_\_\_

5. Will more than 50% of the grant benefit low or moderate individuals/families?

(This is for informational purposes only. This information will be used for credit towards Community Reinvestment Act)

YES \_\_\_\_ NO \_\_\_\_



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6. TOTAL BUDGET OF THE ORGANIZATION: \$ \_\_\_\_\_

Sources of operating funds (% of total operating income)

Federal _____%	Corporate Gifts _____%	State _____%
Individuals _____%	City _____%	Endowment Income _____%
Fees _____%	United Way _____%	Foundations _____%
Events _____%	Other _____% (explain) _____	

7. PLEASE ATTACH A LIST OF OTHER GRANTS/CORPORATE DONATIONS  
PENDING OR RECEIVED IN LAST 24 MONTHS.

(Include name, amount received or pledged and year received)

8. PLEASE ATTACH A LIST OF BOARD MEMBERS.

9. PURPOSE OF REQUEST

(Brief explanation must be provided in this space but you may also attach longer description):

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10. AMOUNT OF REQUEST: \_\_\_\_\_

\_\_\_\_\_  
Requesting Organization

\_\_\_\_\_  
Signature Date