

The first step in the Northfield Bank Foundation grant application process is to submit a Preliminary Proposal Summary. The Preliminary Proposal Summary, a shortened version of our Full Grant Application Package, will help us determine which proposals best fit our funding priorities.

**Please contact the Foundation at (718) 303-4265 prior to submitting any requests.**

Based on this Preliminary Proposal Summary, organizations may be invited to submit a formal Grant Application Package.

**Date of application:** \_\_\_\_\_

## ORGANIZATION INFORMATION

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**Is your organization exempt from Taxes under IRC section 501(c)(3)**  Yes  No (If no, please attach a letter of explanation).

**Organization:** \_\_\_\_\_

**Address of organization:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone/Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_

**Federal Tax ID #:** \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Brief History of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization's Mission Statement: \_\_\_\_\_

## FINANCIAL INFORMATION

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Organizational Annual Operating Budget (\$): \_\_\_\_\_

Organizational Net Assets At  
End of Last Fiscal Year (\$): \_\_\_\_\_

Organization's Revenue & Expenses for each of the last 3 years as stated on Form 990:

2017 Revenue	_____	2017 Expenses	_____
2016 Revenue	_____	2016 Expenses	_____
2015 Revenue	_____	2015 Expenses	_____

Attach a listing of your Board of Directors with their affiliations. Also list your Board of Directors annual giving to your organization.

Does your organization have:	Conflict of Interest Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Audit or Finance Committee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Whistle Blower Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List the 3 highest Paid Employees and their Titles:

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

List the 3 most significant Donors and Totals for each of the last 3 years:

2017 \_\_\_\_\_

2015 \_\_\_\_\_

2016 \_\_\_\_\_

## PROGRAM INFORMATION

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Name of Program:

\_\_\_\_\_

Description of Program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Need Addressed by Program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Start Date:

\_\_\_\_\_

Funding Requested (\$):

\_\_\_\_\_

Total Project Budget (\$):

\_\_\_\_\_

*(Attach a detailed budget for this project)*

Other sources of Committed Funding  
And funding amounts:

\_\_\_\_\_

\_\_\_\_\_

**Please submit a copy of your 501(c)(3) form along with this application.**

Submit via regular mail to: **Northfield Bank Foundation**, 1731 Victory Boulevard, Staten Island, NY 10314

**The Foundation will not accept proposals electronically.**

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