



## HANDS OF HOPE 2022 APPLICATION

**Attention:** Download and save this document before starting as the web version of this application cannot be saved or submitted online. Complete all fields fully as missing information may result in the request being rejected.

### Organization Details

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[Organization Name]

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[Physical Address]

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[Mailing Address if different]

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[Phone]

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[Tax Identification Number]

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[Web Address]

Is the organization a non-profit:  Yes  No

Does the organization bank with Western Security Bank?  Yes  No

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[Organization Contact Name]

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[Job Title]

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[Phone]

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[E-mail Address]

# Organization Impact Details

Provide the organization's mission statement.

Describe the purpose of the organization and the service(s) it provides.

Describe the geographical area served by the organization.

How many people does the organization serve annually? \_\_\_\_\_

Of those served by the organization, what percentage is low or moderate income? \_\_\_\_\_

Describe how the organization verifies income levels of the people it serves. If income levels are not verified explain how the percentage above is justified.

## Donation Impact Details

Describe how the Hands of Hope donation would be used by the organization.

Describe who this donation would impact.

How many people would this donation impact? \_\_\_\_\_

Of those impacted, what percentage is low or moderate income? \_\_\_\_\_

What percentage of this donation would be used for overhead and administrative costs? \_\_\_\_\_

## Additional Information

Indicate in which quarter the organization prefers to receive this donation if selected.

Q1  Q2  Q3  Q4  No Preference

Describe further opportunities for Western Security Bank or its employees to contribute to the organization (i.e. board positions, volunteer opportunities, event sponsorships, etc.).

Please submit this application by one of the following methods:

Mail: Western Security Bank  
Attn: Brett Solberg  
PO Box 30657  
Billings, MT 59107

Fax: (406) 371-8205

E-mail: [BSolberg@westernsecuritybank.com](mailto:BSolberg@westernsecuritybank.com)

Understand that completing this application does not guarantee your request will be funded.

Please direct any questions regarding the application or processing procedures to Brett Solberg, Community Reinvestment Coordinator, at (406) 371-8236 or [BSolberg@westernsecuritybank.com](mailto:BSolberg@westernsecuritybank.com).

Thank you for applying for Western Security Bank's Hands of Hope donation. Best of luck!

