

# Community Development Grant Application Form



**Oriental**

Member FDIC

# Community Development Grant Application Form

Organization Information	
Name:	
Physical Address:	
Postal Address:	
Department of State Registration Number:	
Phone Number:	Web page:
Email Address:	
Federal Tax ID:	Incorporation Date:
Type of Organization: <input type="checkbox"/> Not for Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Workers' Owned Coop <input type="checkbox"/> Association <input type="checkbox"/> Other: _____	

Contact Persons	
Executive Director:	
Phone Number:	Email Address:
Project Manager or Program Coordinator:	
Phone Number:	Email Address:
Fiscal Agent or Administrator:	
Phone Number:	Email Address:

Use of Funds	
Amount Requested: Include detailed description, refer to Annex B.	\$

Program/ Project Brief Description

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**Physical Address where funds will be used:**

  
  
  
  

**Community Impact:** (check all that apply)

<input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Health	<input type="checkbox"/> Revitalization
<input type="checkbox"/> Education	<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Environmental	<input type="checkbox"/> Arts and Culture	
<input type="checkbox"/> Social Services	<input type="checkbox"/> Economic Development	

**Region (indicate municipalities)** (check all that apply)

<b>Puerto Rico</b>	<b>U.S. Virgin Islands</b>
<input type="checkbox"/> North _____	<input type="checkbox"/> St. Thomas
<input type="checkbox"/> South _____	<input type="checkbox"/> St. Croix
<input type="checkbox"/> East _____	<input type="checkbox"/> St. John
<input type="checkbox"/> West _____	
<input type="checkbox"/> Central _____	
<input type="checkbox"/> All Puerto Rico	

**Population to be served:** (check all that apply)

<input type="checkbox"/> General Public	<input type="checkbox"/> Adults	<input type="checkbox"/> Homeless
<input type="checkbox"/> Children	<input type="checkbox"/> Senior (65+ years)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Youth	<input type="checkbox"/> People with disabilities	

# of current beneficiaries: \_\_\_\_\_

# of beneficiaries to be impacted with the Project/ Program: \_\_\_\_\_

**Authorization: (Must be signed)**

<b>Name:</b>	<b>Date:</b>
<b>Signature:</b>	



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## ANNEX B- Information about the Project/ Budget

Main Resources				
Concept	Amount	Contribution from the Organization	Expected Contribution from Oriental Bank	Contribution from Others
<b>Total:</b>				
<b>Comments:</b>				

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**Other requirements:**

- Request Letter with a description of:
  - Organization
  - Project or Program
  - Impact on the community (include: objectives, goals, expected results)
  - Beneficiaries
- IRS 501 (C) 3 federal tax exemption certificate
- Good Standing certificate from the Department of State
- Evidence of Tax ID
- Puerto Rico Treasury Department Tax Exemption Certificate (Form SC 4203) (PR only)
- Puerto Rico Treasury Dept. Registered Merchant Certificate (Form SC 2918) (PR only)
- Proof of Business License or Certificate of Formation (Proof of entity existence) (USVI only)

**Applications over \$5,000:**

**Same as above, but additionally:**

- Annual Budget of the organization
- Latest Audited Financial Reports

**For additional information please contact:  
Wilfredo Serrano, Compliance Manager  
Oriental Bank, 254 Avenida Muñoz Rivera, San Juan, Puerto Rico 00918  
Tel. 787.620.5318**

**Please submit the completed Application Form to the email:  
[ocra@orientalbank.com](mailto:ocra@orientalbank.com)**