



Thank you for your interest in having Bank of Tennessee sponsor your 2011 initiative.

Bank of Tennessee takes pride in providing a positive difference in the lives of the people in our communities. We are strongly committed to supporting the Tri-Cities region and its organizations. Bank of Tennessee continuously strives to maintain a financial institution that focuses on providing superior service to our neighbors.

Please take a moment to review the attached Sponsorship Application. In order for us to consider your organization for funding, we require that you complete this document in its entirety. Once we receive your application, our Community Development Committee will review it. Members of this team meet quarterly to review applications that have been received by the set deadlines. The details regarding this schedule are on the attached application. Please note that Bank of Tennessee chooses one charity for a major sponsorship annually. This sponsorship is decided in January.

You may submit your completed application by email to communitydevelopment@bankoftennessee.com. Or, you may send it to Bank of Tennessee, **ATTN: Public Relations Department, PO Box 4980, Johnson City, TN 37602-4980**. This application is available in online format. Request a copy through the below email address.

Bank of Tennessee appreciates you taking the time to complete this process. We will contact you by the notification dates listed on the attached application.

Sincerely,

Public Relations Department
Bank of Tennessee
Phone: (423) 279.2548
Fax: (423) 279.3451
communitydevelopment@bankoftennessee.com

SPONSORSHIP APPLICATION

Please complete the following application to be considered for sponsorship:

- This document must be emailed and/or postmarked by:

APPLICATION DUE DATE	REVIEW DATE	NOTIFICATION DATE	FUNDING
January 15, 2011	January 20, 2011	January 25, 2011	1st Quarter*
February 18, 2011	March 3, 2011	March 17, 2011	2nd Quarter
May 12, 2011	June 2, 2011	June 16, 2011	3rd Quarter
August 11, 2011	September 1, 2011	September 15, 2011	4th Quarter

*Annual Corporate Charity Decided

- Attach a separate dissertation explaining your organizations goals and why your organization should be considered for funding.

Bank of Tennessee is committed to being a leader in supporting Tri-Cities' community involvement efforts. Our primary focus is to make a positive difference in the lives of our neighbors.

Name of Organization: _____ Date: _____

Address of Organization: _____

City: _____ State: _____ Zip: _____

CONTACT INFORMATION

Contact Person: _____

Title/Position: _____

Address (if different from above) _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____ Web Page Address: _____

ORGANIZATION INFORMATION

How long has this organization operated in this community? _____

Amount of donation requested: \$ _____ Fundraising Goal: \$ _____

The funds being sought will be used for:

_____ % Operating Budget

NOTE: Bank of Tennessee does not provide sponsorship where the majority of funds will be used for the operating budget.

_____ % Special Project

_____ % Other (Specify) _____

= **100%**

Fund-raiser start and end dates: _____

SPONSORSHIP APPLICATION

Fundraising Purpose (describe the program or project for which you are seeking support)

Program goals (objectives, timelines and anticipated impact in the community)

If we choose to support your organization, what support will your organization provide to help make our fund raising efforts successful? (Please list name of principle contact if different from above. Also, list other contact information such as telephone number, email address, accessibility hours, etc.)

As your sponsor, will we be your sole supporter?

What else would you like Bank of Tennessee to know about your organization and/or it's projects?

On a separate sheet, please explain your organization's goals and why your organization should be considered for funding.

Signature

Date

CRA CHARITABLE CONTRIBUTION REQUEST FORM *

Organization Name: _____

Organization Physical Address: _____

Telephone: _____ Fax Number: _____

Website and e-Mail Contact Information: _____

Taxpayer Identification Number: _____ Requested Contribution Amount: _____

Geographic Area Served by Organization: _____

Intended Results of Proceeds Obtained: _____

Demographic Description and Number of Clients Served (such as age, income, gender, etc.): _____

PLEASE ENSURE THE FOLLOWING DOCUMENTATION IS SUBMITTED WITH THIS FORM:

1. List of officers and directors;
2. Proof of not for profit designation (501 C (3) or 501 C (6) secretary of state filing);
3. Most recent IRS Form 990 (Return of Organization Exempt from Income Tax);
4. Most recent financial statements;
5. Annual budget, including projected income and expenses; and

PRINTED NAME OF PERSON SUBMITTING REQUEST:	TITLE:	
SIGNATURE:	DATE:	
BANK USE ONLY		
CRA OFFICER SIGNATURE:	DATE:	CRA QUALIFIED? (YES/NO):
COMMITTEE DECISION TO APPROVE OR DECLINE:	DATE:	COMMITTEE CHAIRPERSON SIGNATURE:

**For use of individuals requesting CRA assistance*