

TITHING APPLICATION

Organization Name:	
Lead Staff Person (if applicable):	
Fiscal Year:	
501c3 (check one) ☐ Yes ☐ No	
EIN #:	
Number of Board Members:	Board Member Donation Percentage:
Number of Staff:	
Total Number of Volunteers:	
Mission Statement:	
Organizational Description:	
Overview of Population Served:	
Project Budget:	
Requested Amount:	Project Funding Deadline:
Area Served:	





Proposal Summary:	
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Once you have completed your application, please email the form with your most recent 990, audit report (if applicable) and your IRS Determination Letter to donationinquiry@bank316.com. Your application will be reviewed by the stewardship committee during our next tithing cycle.