



Section 1 – Organization Information

Legal Name of Organization:

DBA (if different):

EIN / Tax ID #:

501(c)(3) Status (Yes / Pending / No):

Year Established:

Mailing Address:

Website:

Primary Contact Name:

Title:

Phone:

Email:

Application Date:

Submission Instructions:

Email to the attention of Victoria Ernest, Foundation Director at Foundation@Firstcapitalfcu.com
OR mail to FirstCap Gives Back Foundation, Attention: Victoria Ernest P.O. Box 7159 York, PA 17404



Section 2 – Mission and Community Impact

Mission Statement:

Primary Population Served (check all that apply):

- ☐ Youth
- ☐ Families
- ☐ Veterans
- ☐ Individuals Experiencing Homelessness
- ☐ Education / Students
- ☐ Food Insecurity
- ☐ Other (please specify):

Geographic Area Served (check all that apply):

- ☐ York County
- ☐ Other (please specify):

Submission Instructions:

Email to the attention of Victoria Ernest, Foundation Director at Foundation@Firstcapitalfcu.com
OR mail to FirstCap Gives Back Foundation, Attention: Victoria Ernest P.O. Box 7159 York, PA 17404



Section 3 – Funding Request Details

Program/Event Name:

Total Project or Event Budget (\$):

Amount Requested from Foundation (\$):

Funding Type Requested:

Event/Program Date(s):

Location:

Describe your project, event, or initiative:

How will this funding or partnership be used?

Estimated number of people served or impacted:

Submission Instructions:

Email to the attention of Victoria Ernest, Foundation Director at Foundation@Firstcapitalfcu.com
OR mail to FirstCap Gives Back Foundation, Attention: Victoria Ernest P.O. Box 7159 York, PA 17404



Section 4 – Recognition Opportunities

How will the Foundation's support be acknowledged or promoted?

Opportunities for staff volunteer participation or event attendance?

☐

Yes

☐

No

Section 5 – Documentation Checklist (attach):

- ☐ IRS 501(c)(3) determination letter
- ☐ Current year budget, most recent financial statement OR annual report
- ☐ Event flyer, sponsorship packet, or program description
- ☐ W-9 Form

Section 6 – Certification and Signature

I certify that the information provided is true and accurate and that our organization is a qualified nonprofit 501(c)(3).

Authorized Representative Signature:

Printed Name:

Title:

Date:

Submission Instructions:

Email to the attention of Victoria Ernest, Foundation Director at Foundation@Firstcapitalfcu.com
OR mail to FirstCap Gives Back Foundation, Attention: Victoria Ernest P.O. Box 7159 York, PA 17404