



Please complete the form below and drop it off or mail it to your nearest branch location.

Boiling Springs Savings Bank Community Alliance Program Enrollment Application

- Participation in the Community Alliance Program is pending until written approval is provided by Boiling Springs Savings Bank.
- To be eligible for the Community Alliance Program, the Applicant must be a nonprofit organization maintaining 501(c) status, be in good standing as a 501(c) organization and maintain a physical address within Bergen, Passaic, Morris, Essex or Hudson Counties in New Jersey. Once the Applicant is enrolled and the minimum number of supporters has been met, the Bank will make quarterly donations commencing with the first day of the succeeding quarter following satisfaction of the enrollment criteria and continuing each successive quarter for as long as the enrollment criteria continues to be met in the immediately preceding quarter. All quarterly donations are based upon the balances of the organization's supporters' designated new and existing deposit accounts and new loans.
- The Bank will not share any information about supporter customers or recipients with any third parties unless legally required to do so.
- Applicant is solely responsible to notify members and supporters of participation or termination of participation in the Program.
- To be eligible for the Community Alliance Program Applicant may not be a government unit as defined under the Governmental Unit Deposit Protection Act ("GUDPA"), a supplemental insurance program established by the State of New Jersey to protect the deposits of municipalities and local government agencies. Accounts constituting GUDPA accounts cannot be designated as supporter accounts.
- Applicant hereby authorizes Boiling Springs Savings Bank, without compensation, to use, reproduce and/or publish photographs and/or video that may pertain to Applicant including images, likeness and/or voice, for advertising, promotional, and/or internal purposes. The undersigned understands that this material may be used in various publications. This material may also appear on Boiling Springs Savings Bank's internet webpage @ www.bssbank.com and social media sites. All copyrights and other intellectual property rights to the photographs/videos taken are the property of Boiling Springs Savings Bank and may be edited by Boiling Springs Savings Bank before use.
- The Community Alliance Program is subject to internal and external auditing and is subject to change without notice.
- Applicant will need to provide general information and documentation. Please submit the following:
 - Name, Address, County of Organization.
 - Website address, if applicable.
 - The Organization's nine-digit tax identification number.
 - Primary signer's address, email address and telephone number.
 - Additional Organization information – such as year founded, mission, organization type, staff and volunteer information, etc.
 - A copy of the Organization's 501(c) status federal tax exemption letter of determination and, if applicable, evidence of the applicant's authority to operate under 501(c).
 - Copy of filed certificate of incorporation.
 - A copy of the Organization's most recent audit or if the Organization is not audited, its filed tax return.

Organization Name: _____

Organization Account Number: _____ Checking Savings

Address: _____

Contact Name: _____ Contact Phone: _____

Email Address: _____ Website: _____

Purpose/Mission of Organization: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

For Boiling Springs Savings Bank use only

*Originating Br: _____ *Referred by: _____ *CAP Tracking # _____

<https://www.irs.gov/charities-non-profits/exempt-organizations-select-check> review performed copy attached

*Bank Officer CAP Approval: _____

MEMBER ORGANIZATION MUST NOTIFY BOILING SPRINGS SAVINGS BANK IF THERE IS A CHANGE IN ITS NON PROFIT STATUS