



Blue Foundry Bank

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

Blue Foundry Bank Community Alliance Program Enrollment Application

- Participation in the Community Alliance Program is pending until written approval is provided by Blue Foundry 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.
- The Bank will not share any information about supporter customers or recipients with any third parties unless legally required to do so.
- 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 Blue Foundry 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 Blue Foundry Bank's website at BlueFoundryBank.com and social media sites. All copyrights and other intellectual property rights to the photographs/videos taken are the property of Blue Foundry Bank and may be edited by Blue Foundry Bank before use.
- The Community Alliance Program is subject to audit and may 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.

Organization Name: _____

Organization Account Number: _____ Checking Savings

Address: _____

Contact Name: _____ Contact Phone: _____

Email Address: _____ Website: _____

Purpose/Mission of Organization: _____

Authorized Signer: _____ Date: _____

*Originating Br: _____ *Employee Name: _____ *CAP Tracking #: _____

* irs.gov/charities-non-profits/exempt-organizations-select-check review performed copy attached

*Bank Officer CAP Approval: _____

*For Blue Foundry Bank use only

MEMBER ORGANIZATION MUST NOTIFY BLUE FOUNDRY BANK IF THERE IS A CHANGE IN ITS NONPROFIT STATUS