

BANK OF HOPE CRA COMMUNITY DEVELOPMENT
FINANCIAL INVESTMENT AND CHARITABLE CONTRIBUTION REQUEST

Bank of Hope's contribution criteria targets organizations in operation for at least two (2) years. If your organization has not been providing services under its tax-exempt file number for two years, we will unfortunately have to pass on an investment consideration.

Bank of Hope considers support for organization's program(s) which provide services to low- and moderate-income individuals and families or small businesses. In order to complete your organization's request for review, please provide the following information:

Organization Information

1. Location where Program or Services will be performed (City, County, etc.)
2. Organization page copied from the Articles of Incorporation describing the "purpose" (*attach the actual Articles of Incorporation page*).
3. Organization Business address (not a P.O. Box)

Latest Year Activities

4. **Recent Accomplishments** – How many clients were served by your organization's program(s) in the previous year?
5. **Client Characteristics** – Indicate what percentage of the clients served by your organization in the last year falls in each income category (the total should equal 100).
 - ___ % low-income (<50% HUD 2019 County Area Median Income where services are provided)
 - ___ % moderate-income (>50%<80% HUD AMI)
 - ___ % middle-income (>80%<120% HUD AMI)
 - ___ % upper-income (>120% HUD AMI)
 - ___ % N/A
6. **Business Client Characteristics** (*if applicable*) – Indicate what percentage of the businesses served by your organization in the last year falls in each income category (the total should equal 100).
 - ___ % Businesses served with gross annual revenue (GAR) <=\$1 million
 - ___ % Businesses served with GAR >\$1 million
 - ___ % Businesses served with GAR unknown or N/A
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Bank of Hope Relationships

7. Describe Bank of Hope employees currently serving as volunteers & the number of volunteer hours served.

8. Describe CRA-related service volunteer opportunities available for Bank of Hope employees in the current year (recurring and non-recurring).

9. Does your organization have a Credit or Loan account with Bank of Hope?

10. Does your organization have *any* banking relationship with Bank of Hope?

Additional Required Information (Attachments)

- Attach **Articles of Incorporation** page (reference #2)
- Attach previous year's **Annual Report** *or* **Statement of Accomplishments**
- Attach previous year's **Audited Financial Statement** *or* **IRS Form 990** filing

Please send this request form completed with all the required attachments to be considered.