

Rockhold Bank Community Builders Program

Charity Enrollment Application



- Participation in the Community Builders Program (hereinafter “Program”) is pending until written approval is provided by Rockhold Bank.
- To be eligible for the Program, the Applicant must be a nonprofit organization maintaining 501(c)(3) status, be in good standing as a 501(c)(3) organization. Applicant must also be in compliance with any obligations applicable to it under Ohio’s Charitable Organization Laws, Ohio Revised Code Section 1716 et al. 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 continue to be met in the immediately preceding quarter. All quarterly donations will be calculated as follows: The sum of the Quarterly Average Balance¹ of all Community Builders Supporter Accounts multiplied by the then current Discretionary Contribution Rate divided by the total days in the current year (365 or 366) multiplied by the total days in the quarter.
- The Bank will not share any information about supporter customers or recipients with any third parties unless legally required to do so.
- Applicant hereby authorizes Rockhold 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 Rockhold Bank’s internet webpage at www.rockholdbank.com and social media sites. All copyrights and other intellectual property rights to the photographs/videos taken are the property of Rockhold Bank and may be edited by Rockhold Bank before use.
- The Program is subject to internal and external auditing and is subject to change without notice.
- Applicant must notify Rockhold Bank immediately in the event of a change to its non-profit status or any other change in its eligibility to participate in the Program.
- 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)(3) status federal tax exemption letter of determination and, if applicable, evidence of the applicant’s authority to operate under 501(c)(3).
 - 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.
 - Any other documentation required for Rockhold Bank to verify the standing of the Organization or its controlling individuals.

¹ An account’s Quarterly Average Balance is calculated by taking the sum of the collected daily balance at the end of each day in the quarter and dividing it by the actual number of days in that quarter.

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Applicant hereby provides its written consent to Rockhold Bank to conduct the Community Builders Program for its benefit, including the commencement of any charitable sales promotion as defined by ORC 1716.01(C), any termination of Applicant's consent must be in writing and provided to Rockhold Bank at the following address: Rockhold Bank, PO Box 506, 101 E. Main St., Bainbridge, Ohio 45612.

Organization Name:		Organization Tax ID Number:	
Organization Account Number:		Checking or Savings (Circle one)	
Address:		County of Organization Residence (circle one): Ross/Pike/Highland/Pickaway	
Primary Contact Name:		Primary Contact Phone:	
Primary Contact Address:		Primary Contact Email Address:	
Organization Website:		Year Organization Founded:	
Purpose/Mission of Organization:			

*Attach additional pages if necessary to fully complete any of the information required.

Primary Contact Signature

Date

Other Signature (if required)

Date

Other Signature (if required)

Date

