

ISLA CARROLL TURNER FRIENDSHIP TRUST
REQUIRED APPLICATION FORM 2020

Legal Name: *(as found on determination letter)*

Name Doing Business As: *(if different from legal name)*

Physical Address:

City: **State:** Texas **Zip code:**

Mailing Address: *(if different from physical address)*

City: **State:** Texas **Zip code:**

County office and fiscal management are located:

County/Counties where services are provided:

Website:

Year organization Founded:

Tax Year:

CONTACT INFORMATION

Contact Name: *(include Title or Position)*

Telephone: **Extension:** **Email:** **Fax number:**

Fiscal manager name: *(Title/Position)*

Mailing Address: *(if different from physical address)*

Telephone: **Extension:** **Email:** **Fax number:**

Individual EIN:

If under a group ruling, name of group holder:

Group EIN:

Does or could your organization as a whole provide services to anyone under the age of 60, or persons with Down

Syndrome under the age of 47? Yes No

ORGANIZATION OPERATING EXPENSES

Total operating expenses per year:

Total payroll and related expenses for year:

Number of paid employees:

Total receipts for year at the time of submission:

Number of clients served prior year:

Emergency funding on hand:

Number of volunteers for prior year:

Number of volunteer hours for prior year:

PROJECT BUDGET INFORMATION

Total cost:

Total payroll related expenses:

Receipts to date:

Number of persons served:

Number of volunteers:

THREE HIGHEST PAID EMPLOYEES

Name & Title:

Gross Earnings & Dollar Value of Benefits:

Name & Title:

Gross Earnings & Dollar Value of Benefits:

Name & Title: Name & Title:

Gross Earnings & Dollar Value of Benefits:

PRIOR YEAR'S RECEIPTS

% United Way

% Foundations/Corporations

% Government Contracts

% Fees, tuition, dues & retail sales (*thrift stores, ticket sales, gift shops, etc.*)

% Churches & other faith based organizations

% Earned income (*investments, endowments, etc.*)

% Individual contributions

% Funds raised through events/galas

BOARD ACTIVITY

What percentage of your Board of Directors made a financial contribution to your organization during the last year? %

What percentage of your Board of Directors volunteered time and/or services to the organization beyond attending Board meetings last year? %

MISSION STATEMENT

(please only include Mission statement)

REQUEST INFORMATION

Requested Amount:

Briefly describe need for funding from Isla Carroll Turner Friendship Trust:

