

**ISLA CARROLL TURNER FRIENDSHIP TRUST  
REQUIRED APPLICATION FORM 2021**

**Legal Name:** *(as 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 located:**

**County/Counties where services are provided:**

**Website:** **Year organization founded:** **Tax Year:**

**CONTACT INFORMATION**

**Contact Name:** *(include Title/Position)*

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

**Fiscal manager name:** *(include Title/Position)*

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

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

**Individual EIN:** **Group EIN:**

**If under group ruling, Name of Group Holder:**

**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**

**REQUESTED INFORMATION**

**Requested amount:**

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

# MISSION STATEMENT ONLY

## ORGANIZATION OPERATING EXPENSES

Total operating expense per year:

Total payroll & related expense for year:

Total receipts for year at the time of submission:

Emergency funds on hand:

Number of paid employees:

Number of clients served prior year:

Number of volunteers from prior year:

Number of volunteer hours from prior year:

## PROJECT BUDGET INFORMATION

Total cost:

Total payroll & related expense:

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:

Gross Earnings & Dollar Value of Benefits:

## PRIOR YEAR'S RECEIPTS

% United Way

% Foundation/Corporations

% Government Contracts

% Fees, Tuitions, dues & retail sales (*thrift store, ticket sales, gift shops, etc*)

% Church & other faith based organizations

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

% Individual contributions

% Funds raised through events/galas

## BOARD ACTIVITIES

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? %

