

**ISLA CARROLL TURNER FRIENDSHIP TRUST
REQUIRED APPLICATION FORM 2018**

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/ services and fiscal management are located:

Website:

Year organization was founded: _____ **Tax year:** _____

Contact name:

Title or Position:

Telephone: _____ **Fax:** _____

Contact email:

Name of fiscal manager for granted funds:

Title or Position:

Mailing Address:

Telephone:

Email:

Tax ID/EIN:

If under a group ruling, name of group holder:

Tax ID/EIN:

Does 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

Mission Statement:

REQUEST INFORMATION

Requested Amount: \$

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

