

**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:

ORGANIZATION OPERATING EXPENSES

Total estimated expenses of organization for year requesting:
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:

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

<i>% United Way</i>	<i>% Churches & other faith based organizations</i>
<i>% Foundations/Corporations</i>	<i>% Earned income (investments, endowments, etc.)</i>
<i>% Government Contracts</i>	<i>% Individual contributions</i>
<i>% Fees, tuition, dues & retail sales (thrift stores, ticket sales, gift shops, etc.)</i>	<i>% Funds raised through events/galas</i>

PROJECT BUDGET INFORMATION

<i>Total cost:</i>	<i>Receipts to date:</i>
<i>Total payroll related expenses:</i>	
<i>Number of persons served:</i>	
<i>Number of volunteers:</i>	<i>Number of volunteer hours:</i>

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? %