

**ISLA CARROLL TURNER FRIENDSHIP TRUST**

***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**

*% 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*

### **PROJECT BUDGET INFORMATION**

*Total cost:*

*Receipts to date:*

*Total payroll related expenses:*

*Number of persons served:*

*Number of volunteers:*

*Number of volunteer hours:*

### **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?                    %*