

**ISLA CARROLL TURNER FRIENDSHIP
TRUST REQUIRED APPLICATION FORM 2019**

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:

Total payroll related expenses:

Number of persons served:

Number of volunteers:

Receipts to date:

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? %