

# BILLY ANDRADE – BRAD FAXON CHARITIES FOR CHILDREN GRANT APPLICATION

NAME OF ORGANIZATION			DATE PREPARED		EMAIL ADDRESS
ADDRESS OF PRINCIPAL OFFICE		STREET	CITY	STATE	ZIP CODE
TELEPHONE	WHEN ORGANIZED?		DATE AND PLACE OF INCORPORATION		INCORPORATED AS NONPROFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR ORGANIZATION QUALIFIED AS A NON-PROFIT, TAX DEDUCTIBLE ENTITY UNDER THE UNITED STATES INTERNAL REVENUE CODE 501(c)(3)?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NOT, ENTER APPLICATION DATE					

## REQUEST

TOTAL AMOUNT REQUESTED \$	IS THIS AMOUNT FOR ONE FISCAL YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "NO" FOR WHAT PERIOD?
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USE OF FUNDS: PLEASE OUTLINE PROPOSED PROJECT OR PROGRAM, IDENTIFYING BOTH YOUR TARGET POPULATION AND YOUR PLANNED METHOD OF IMPROVING THAT GROUP'S QUALITY OF LIFE. BE SPECIFIC. PLEASE ATTACH A DETAILED BUDGET FOR THE USE OF THE REQUESTED FUNDS.

## PURPOSE AND PROGRAM

STATE YOUR ORGANIZATION'S OBJECTIVES.

BRIEFLY SUMMARIZE YOUR ORGANIZATION'S CURRENT EFFORTS TOWARD ACHIEVING THOSE OBJECTIVES.

WHAT GEOGRAPHIC AREA DO YOU SERVE?

DESCRIBE YOUR AGENCY'S EFFORTS TO COLLABORATE WITH OTHER ORGANIZATIONS WHOSE SERVICES PARALLEL, DUPLICATE, OR AID YOUR WORK.

NAME AND TITLE OF PAID STAFF HEAD DATE OF APPOINTMENT PRIOR AFFILIATION

FINANCES: PLEASE COMPLETE WITH RESPECT TO APPLICANT ORGANIZATION ONLY. DO NOT INCLUDE PARENT COMPANY FINANCIAL INFORMATION.

ORGANIZATION'S FISCAL YEAR MONTH DAY TO MONTH DAY REVENUE RECEIVED LAST FISCAL YEAR EXCLUDING CAPITAL CAMPAIGN FUNDS TOTAL GOVERNMENT REVENUE RECEIVED LAST FISCAL YEAR

TOTAL EXPENDITURES LAST FISCAL YEAR TOTAL APPROVED BUDGET FOR CURRENT FISCAL YEAR SALARY RANGE, INCLUDING DEFERRED COMPENSATION, FOR ALL OF YOUR ORGANIZATION'S PAID EMPLOYEES FROM \$ TO \$

LIST THE METHODS OF FUND RAISING, USED OR PLANNED (DIRECT MAIL, MEMBERSHIP SOLICITATION, CORPORATION/FOUNDATION SOLICITATION, ETC.), THAT GENERATE YOUR ORGANIZATION'S REVENUE.

LIST ANY OUTSIDE FUND RAISERS AND YOUR PAYMENT RATE TO THEM.

ACCOUNTS ARE AUDITED BY: CERTIFIED PUBLIC ACCOUNTANT AN AUDITING COMMITTEE OTHER (SPECIFY) FREQUENCY OF AUDITS

ADDITIONAL INFORMATION

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

1. COPY OF U.S. TREASURY RULING GRANTING YOUR ORGANIZATION STATUS AS A NON-PROFIT, TAX DEDUCTIBLE ORGANIZATION UNDER SECTION 501(c)(3) 2. COMPLETE AUDIT FOR THE PREVIOUS FISCAL YEAR 3. IF COMBINED COST OF ADMINISTRATION, PUBLIC RELATIONS, AND FUND RAISING EXCEEDS 20% OF TOTAL EXPENDITURES FOR THE PREVIOUS FISCAL YEAR... 4. LIST OF CORPORATE DONORS (\$200.00 OR MORE) 5. PROJECT OR PROGRAM BUDGET

I CERTIFY THAT THE AFOREMENTIONED AND ENCLOSED INFORMATION IS COMPLETE AND ACCURATE.

TYPED NAME (PERSON TO CONTACT IF WE HAVE QUESTIONS) TITLE SIGNATURE DATE

HOME TELEPHONE NUMBER (MANDATORY - THIS NUMBER WILL BE KEPT PRIVATE AND ONLY USED IN CASE OF AN EMERGENCY.) WORK TELEPHONE NUMBER