

**STERLING-TURNER FONDATION
REQUIRED APPLICATION FORM 2020**

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 and fiscal management are located: *(please select county)*

Tom Green County Fort Bend County Harris County Kerr County Travis County

County/Counties services are provided: *(please check all appropriate counties)*

Tom Green County Fort Bend County Harris County Kerr County Travis County

CONTACT INFORMATION

Year organization founded: _____ **Tax Year:** _____

Contact name: *(include Title or Position)*

Telephone: _____ **Extention:** _____ **Email:** _____ **Fax number:** _____

Fiscal Manager name: *(include Title or Position)*

Mailing Address: *(if different from physical address)*

Telephone: _____ **Extention:** _____ **Email:** _____ **Fax number:** _____

Individual EIN: _____

If under group ruling, name of Group holder: _____

Group EIN: _____

ORGANIZATION OPERATING EXPENSE

Total operating expense per year:
Total payroll and related expenses:
Number of paid employees:
Total receipts for year at the time of submission:
Number of clients served prior year:
Number of volunteers for prior year:
Number of volunteer hours for prior year:

PROJECT BUDGET INFORMATION

Total Cost: _____ **Receipts to date:** _____
Total Payroll & Related Expenses: _____ **Number of persons served:** _____
Number of volunteers: _____ **Number of volunteer hours:** _____

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
% Governments Contracts
% Fees, tuitions, dues & retail sales (*thrift stores, ticket sales, gift shops, etc.*)

% Church & other faith based organizations
% Earned income (*investments, endowments, etc.*)
% Individual contributions
% Funds raised through events/galas

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?%

MISSION STATEMENT

(please only include Mission Statement)

REQUESTED INFORMATION

Requested Amount:

Briefly describe need for funding from Sterling Turner Foundation:

