

**ISLA CARROLL TURNER FRIENDSHIP TRUST
REQUIRED APPLICATION FORM 2022**

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:

**Texas County office and fiscal management located:
County/Counties where services are provided:**

Year organization founded:

Tax Year:

Website:

CONTACT INFORMATION

Contact Name: *(include Title or Position)*

Telephone: Extension: Fax Number:

Email:

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

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

Telephone: Extension: Fax Number:

Email:

Individual EIN: Group EIN:

If under a group ruling, name & mailing address of Group Holder: *(As found on IRS letter)*

Does or could your organization as a whole provide services to anyone under the age of 60, or persons with Down Syndrome under the age of 47?

REQUESTED INFORMATION

Requested amount:

Briefly describe need for funding from Isla Carroll Turner Friendship Trust:

MISSION STATEMENT ONLY

ORGANIZATION OPERATING EXPENSE

Total operating expenses per year:
Total payroll and related expenses for year:
Total receipts for year at the time of submission:
Emergency funds on hand:

Number of paid employees:
Number of clients served prior year:
Number of volunteers from prior year:
Number of volunteer hours from prior year:

PROJECT BUDGET INFORMATION

Total cost:
Total payroll & related expense:
Receipts to date:

Number of persons served:
Number of volunteers:

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
% Foundation/Corporations
% Government Contracts
% Fees, Tuitions, dues & retail sales
(thrift store, ticket sales, gift shops, etc)

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

BOARD ACTIVITY

What percentage of you Board of Directors made a financial contributions 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?