

**ISLA CARROLL TURNER FRIENDSHIP
TRUST REQUIRED APPLICATION FORM 2027**

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 located:

County/Counties where services are provided:

Year organization founded:

Tax Year to be Funded:

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 & 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? Yes ☐ **No** ☐

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:	Number of paid employees:
Total payroll and related expenses for year:	Number of clients served prior year:
Total receipts for year at the time of submission:	Number of volunteers from prior year:
Emergency funds on hand:	Number of volunteer hours from prior year:

PROJECT BUDGET INFORMATION

Total cost:	Number of persons served:
Total payroll & related expense:	Number of volunteers:
Receipts to date:	

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	% Church & other faith based organizations
% Foundation/Corporations	% Earned Income (<i>investments, endowments, ect.</i>)
% Government Contracts	% Individual contributions
% Fees, Tuitions, dues & retail sales	% Funds raised through events/galas
<i>(thrift store, ticket sales, gift shops, etc)</i>	

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?	%

