

**NEIGHBORS AND FRIENDS OF TABLE ROCK LAKE
2011 APPLICATION FOR FUNDS
NONPROFIT SERVICE AGENCY**

NAME OF AGENCY: _____

ADDRESS: _____

CONTACT PERSON: _____

TITLE: _____

PHONE: _____

AGENCY MISSION STATEMENT

WHO DOES YOUR AGENCY SERVE: _____

COUNTIES IN SERVICE AREA: _____

HOW MANY CLIENTS DOES YOUR AGENCY SERVE: _____

FUNDING SOURCES

BRIEFLY DESCRIBE YOUR FUNDING SOURCES:

WHAT PERCENTAGE OF YOUR BUDGET GOES TO THE FOLLOWING:

PERCENTAGE OF BUDGET FOR ADMINISTRATION: _____

PERCENTAGE OF BUDGET FOR CLIENT NEEDS & SERVICE: _____

PERCENTAGE OF BUDGET COMING FROM DONATIONS: _____

USAGE OF FUNDS

HOW MANY CLIENTS DO YOU EXPECT TO SERVE WITH OUR FUNDS: _____

HAVE YOU RECEIVED FUNDS FROM US IN THE PAST: _____

WHEN: _____

YOUR NEEDS

HOW DOES YOUR AGENCY PLAN TO USE OUR FUNDS: _____

DOES YOUR AGENCY HAVE NEED FOR VOLUNTEERS: _____

DESCRIBE: _____

DO YOU HAVE TRAINING SESSIONS: _____

COUNSELORS

DOES YOUR ORGANIZATION HAVE COUNSELORS: _____

IF SO, DO YOU REQUIRE COUNSELING TO RECEIVE YOUR SERVICES: _____

WHAT QUALIFICATIONS & DEGREES DO YOU REQUIRE FOR YOUR COUNSELORS:

COMMENTS:

PLEASE USE OTHER SIDE FOR ANY OTHER INFORMATION THAT MIGHT BE HELPFUL FOR OUR ORGANIZATION TO KNOW.

TO BE CONSIDERED FOR FUNDING , THE FOLLOWING ADDITIONAL INFORMATION MUST BE INCLUDED WITH THIS APPLICATION:

- 1. LETTER CERTIFYING 501(c)3 TAX-EXEMPT STATUS**
- 2. AUDITED FINANCIAL STATEMENTS FOR THE AGENCY'S PRIOR FISCAL YEAR.**
- 3. ANNUAL BUDGET FOR CURRENT FISCAL YEAR.**
- 4. (a) YEAR-TO-DATE ACTUAL REVENUES AND EXPENSES COMPARED TO YEAR-TO-DATE BUDGET AND (b) A BALANCE SHEET FOR THE SAME PERIOD END.**

Please note that Financial Statements should consist of the following: (1) A balance sheet that details all assets, liabilities and net assets. Net assets should reflect the amount of any temporarily or permanently restricted funds. (2) An income or operating statement detailing revenues and expenses. If such revenue and expenses can be further broken down into monies received and expended for programs, events/fundraising, and administrative, it is most helpful.

PLEASE USE THE SPACE BELOW FOR ANY OTHER INFORMATION THAT MIGHT BE HELPFUL FOR OUR COMMITTEE.

Name of person who prepared this application: _____ **Date:** _____

Phone: _____ **E-mail:** _____