

**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:** \_\_\_\_\_

**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 & 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:	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

(*thrift store, ticket sales, gift shops, etc*)

## 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? %