



## Special Interests First Time Funding Application

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Person Completing Information: \_\_\_\_\_

### At a Glance Summary

Amount Requested (FY16/17): \_\_\_\_\_

Narrative of Request/Scope of Service Provided: \_\_\_\_\_

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Explain Reason(s) for Funding Request: \_\_\_\_\_

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Explanation of Any Past/Current Funds Received from Coppell: \_\_\_\_\_

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Total Number of Individuals Receiving Service: \_\_\_\_\_

Number of Coppell Residents Receiving Service: \_\_\_\_\_

Percentage of Coppell Residents vs. Total Number Receiving Service: \_\_\_\_\_

Total Operating Budget:      Prior Year:                      Current Year:                      Proposed:

\_\_\_\_\_

Dollar Value of Services Provided to Coppell Residents: \_\_\_\_\_

Percentage of Operating Budget From Coppell: \_\_\_\_\_

Overhead Percentage: \_\_\_\_\_

Number of Persons in Organization:      Employees:                      Volunteers: \_\_\_\_\_

501.c.3/Non-Profit Number: \_\_\_\_\_



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The following three questions may require additional space or documentation. Please submit that with the application in a standardized format.

Please provide the organization’s mission statement and list the services, programs, and/or aid that directly benefits the citizens of Coppell.

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Describe the long-term financial plan for the organization as it relates to outside funding; specifically outline any fundraising, sustainability plans, or partnerships, including Coppell.

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Provide an anticipated time frame for the funding requests to increase, decrease, or cease as it relates to the organization’s long-term financial goals.

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Partner Cities/Agencies	Amount	Percentage of Funds Received	Percentage of Svcs. Rendered
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To the best of my knowledge, the information submitted accurately reflects the financial status of the requesting organization.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_